

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15757**

FILED MAY 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1825

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>43 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Missouri</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Steva - Clara Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>1729 Swope Parkway</b>	

3. NAME OF DECEASED (Type or Print) <b>MATTIE</b>	a. (First)	b. (Middle)	c. (Last) <b>BOSSART</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1949</b>
------------------------------------------------------	------------	-------------	-----------------------------	----------------------------------------------------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 11, 1871</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
-------------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	-------------------------------------------	---------------------------	--------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Le Roy, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------------	------------------------------------------------

13a. FATHER'S NAME <b>Andrew J. Rutledge</b>	13b. MOTHER'S MAIDEN NAME <b>Electa Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
-------------------------------------------------	---------------------------------------------------	-----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leota North, Kansas City, Mo.</b>	ADDRESS
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia and Pulmonary edema</b>		<b>1 wk.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>15 years</b> <b>yes</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>447X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	-------------------------------------------------	--------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from Aug 26, 1947, to April 24, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>William F. Sanders</b> (Degree or title)	23b. ADDRESS <b>1105 Grand St. C. P. Mo.</b>	23c. DATE SIGNED <b>4/25/49</b>
------------------------------------------------------------	----------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
------------------------------------------------------------	-----------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>4-26-49</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b>	ADDRESS <b>Kansas City, Mo.</b>
--------------------------------------------	-------------------------------------------------	-------------------------------------------------------------	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Page 13449*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *J. H. Freeman*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2939

P. O. Address F. O. Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.