

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11974
State File No. 1452

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3737 Wyandotte Street</u>				e. STREET ADDRESS (If rural, give location) <u>3737 Wyandotte Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) _____		c. (Last) <u>Bosley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>MARCH 4, 1908</u>	
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COFFEE SHOP</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EMPORIA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>F. J. CONWAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN BUTLER</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Bosley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>447-10-7602</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES BOSLEY 3737 WYANDOTTE, K.C. MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Massive Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Ruptured aneurism base</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>330X</u> Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) _____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) _____				23b. ADDRESS <u>1034 Prater Bldg</u>		23c. DATE SIGNED <u>3-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APR 12, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>MUSKOGEE OKLAHOMA</u>	
DATE REC'D BY LOCAL REG. <u>4-1-54</u>		REGISTRAR'S SIGNATURE <u>Gerardine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomers Longview Kansas City Mo</u>			

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

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..

Student.....
Signature of Student Embalmer

Signed..... *Rollie Kessel*

Licensed Embalmer No. *469*.....

P. O. Address *K.C.M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.