

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17753
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2155
 (c) City K. C. Mo. (d) Street No. 333 Bellefontaine St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 2nd Henry A. Bosse
 (a) Residence, No. 333 Bellefontaine St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Bosse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME August Bosse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Charles A. Bosse
333 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE May 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED May 24, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1939 to 5-22, 1939
 I last saw him alive on 5-17, 1939. Death is said to have occurred on the date stated above, at 8:30 m. am
 The principal cause of death and related causes of importance were as follows:

Chronic uremia
Senile dementia
Coronary disease and chr. myocarditis from
 Date of onset Recent
2 yrs.
11-26.
 PJC

Other contributory causes of importance:
Malnutrition - lack of cooperation in eating & drinking 6 mos.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify (Signed) F. J. Powers, M. D.
 (Address) Pathology Bldg. N.E. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Ford Lowrey,

Lathrop Bg.,

VI 0984

By 2:30

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.