

REC'D SEP 6 1939

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

28109  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 3111  
 (c) City Kansas City (d) Street No. St. Marys Hospital 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. ds.

2. PRINT-FULL NAME WILLIAM BOSSOLD  
 (a) Residence, No. 2029 Brighton 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary S. Bosold  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1874  
 7. AGE YEARS 64 MONTHS 7 DAYS 29 If LESS than 1 day, hrs. or min.  
 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. ARMY RESERVE SERVICE  
 10. Date deceased last worked at this occupation (month and year) 31 years (Total time (years) spent in this occupation)  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri  
 FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Mary MEXER  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mary S. Bosold 2029 Brighton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8-8-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dyckman & Co 1401 Brush Creek  
 20. FILED 95 1939 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 8 1 1939, to 8 3 1939.  
 I last saw him alive on 8 3 1939. Death is said to have occurred on the date stated above, at 7:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
acute peritonitis  
 Date of onset 121  
 Other contributory causes of importance:  
Ruptured appendix  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Gannke, M. D.  
 (Address) City

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.

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

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**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: George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., 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, above space should be left blank.**