DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1940

Registration District No. 32 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11054

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 408 East 17th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME LOUISA AGNES BOSLEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Benjamin Bosley

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased August (Month) 9 (Day) 1861 (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business NONE

MOTHER FATHER

12. Name John STINNETT

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Daisy Hunt

(b) Address TRENTON MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 16-1940 (Month) (Day) (Year)

(c) Place: burial or cremation GROFF CEMETERY

18. (a) Signature of funeral director HEMLEY FUNERAL HOME

(b) Address TRENTON MISSOURI

19. (a) 1-15-40 (Date received local registrar) (b) Irene Fain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th year 1940 hour 8 30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 6th 1939, to Jan. 14th 1940; that I last saw he alive on Jan 14th 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	?
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clinton F. Duffy (M. D. or other) M.D.

Address Trenton Mo. Date signed Jan. 15th 1940

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 5-1-39 1 X19511

RECEIVED
District Health Officer No. 11,
District File Number 440-582
Date Filed APR 13 1940

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 Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Creston 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.