

Registration District No.

328

Primary Registration District No.

3017

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gentry
 (b) City or town Newton mo
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: Wright Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
 (Specify whether
 In this community _____
 years, months or days) 1

3. (a) PRINT FULL NAME JAMES Phillip Bosley3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased nov 8 1931
(Month) (Day) (Year)8. AGE: Years 9 Months 2 Days _____ If less than one day hr. min.9. Birthplace Janneyport mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James M. Bosley13. Birthplace mo
(City, town, or county) (State or foreign country)14. Maiden name Bertha Simpson
15. Birthplace mass
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James M. Bosley(b) Address Rt 2 Brunson mo17. (a) Burial (b) Date thereof 11-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Deer Creek18. (a) Signature of funeral director W. Simpson(b) Address Newton mo19. (a) 11-12-40 (b) Gene O. Jais
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Gentry
 (c) City or town Rt 2 Brunson
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 10
year 1940 hour 11 minute 45 P. M.21. I hereby certify that I attended the deceased from Nov 7th
1940 to Nov 11th, 1940;
that I last saw him alive on Nov 11th, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death General Peritonitis Duration 1 weekDue to Acute Gangrenous Appendicitis 8 day

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)Major findings: Appendix Gangrenous PHYSICIAN _____

Of autopsy _____ 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?

300 (Specify type of place) _____
While at work? (a) Means of injury _____23. Signature Oliver F. Duff (M. D. or other) M. D.
Address London Mo Date signed Nov 12th 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.....

W. G. Spr...

Registered Apprentice No.

working under my personal supervision.

Signed.....

W. G. Spr...

Licensed Embalmer No.

3109

P. O. Address.....

Newton, Ma

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.