

FILED MAR 9 1942 99

State File No. 724
Registrar's No.

Registration District No. 1002 Primary Registration District No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3932 Terrace, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3932 Terrace
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William Edward Bosserman
3. (b) If veteran, name war No. 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 19th
year 1942 hour 1:25 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Bosserman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January 23 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939 to Feb 19 1942
that I last saw him alive on Feb 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 0 26 hr. min.

Immediate cause of death Influenza myocardial failure chronic arteriosclerosis
Due to 32 B
Duration 10 hours 15 years

9. Birthplace Nebraska
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation druggist

Major findings Of operations

11. Industry or business drug

Of autopsy

MOTHER FATHER
12. Name William Edward Bosserman
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)

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

16. (a) Informant W. J. Bosserman
(b) Address 2950 East 29th St., K. C., Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof 2-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Mt. Washington Cemetery

While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2/20/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Brown (M. D. or other)
Address 242 Playfield Blvd Date signed 2/20/42

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

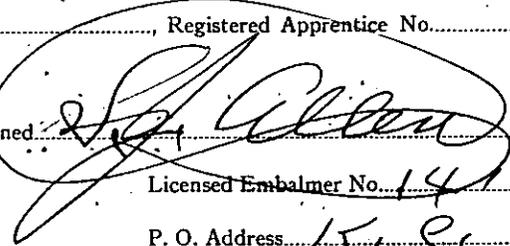
Dr. Canier, Plaza Med. Bldg.

2-5-8

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. 1415

P. O. Address K. E. 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, fact should be so stated above.