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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1945

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
5 North Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs
(Specify whether years, months or days)

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. # 5 North Kansas City, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Lee Bosley

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 19 to 1945
that I last saw him alive on Coroner's Case and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 9 years (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to

Due to Coroner's Case

Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased March 9 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day hr. min.

Major findings: History of Hx

Of operations

Of autopsy

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

10. Usual occupation Farmer

11. Industry or business Farmer

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?

12. Name Thomas Bosley

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

14. Maiden name M. Craighoad

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Frances Peta Danfield

(b) Address North Kansas City Mo #5

17. (a) Burial (b) Date thereof 7-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

While at work? (Specify type of place)

Means of injury Coroner

23. Signature John S. Weston (If Doctor)

Address North Kansas City Mo Date signed 7/4/45

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City Mo

19. July 9-1945 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

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

24
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RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9/12/45

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 John S. Morton
Licensed Embalmer No. 4349
P. O. Address 20 N. Collins

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.