

**FILED** OCT 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **30538**

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **316**

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

**1. PLACE OF DEATH:**

(a) County **Jackson**  
(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Independence Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
(Specify whether years, months or days)  
In this community **15 Years**

3. (a) PRINT FULL NAME **Archie L. Bosley**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **487-03-0855**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Henrietta Bell Bosley**  
6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **September 21 1904**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**41 11 24** hr. min.

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

10. Usual occupation **Wire Drawer**  
11. Industry or business **Union Wire Rope**

MOTHER } 12. Name **Calvin Bosley**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Howland**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henrietta Bosley**  
(b) Address **Bates City, Mo.**

17. (a) **Burial** (b) Date thereof **9/17/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Earp & Sons**  
(b) Address **4139 East 15th Street**

19. (a) **9-25-46** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Bates City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Route No. 1** **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **September**, day **15th**  
year **1946** hour **5** minute **25** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death **Deputy Coroner**

**Sub rural, hematomas**

Due to **Skull Fracture**

Due to **Auto Trauma**

Other conditions **(car collision)**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **See Above**

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) **Accident**  
(b) Date of occurrence **Sept. 11, 1946**  
(c) Where did injury occur? **70 Hillway Jackson Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (e) Means of injury **Trauma**

23. Signature **A. E. Hoehner** (M. D. or other) **MD**  
Address **2500 Mun** Date signed **9/16/46**

JAN 23 1948

MAY 3 1956

OCT 1 6 1947

NOV 6 1949

MAY 9 1952

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 B. Kemp*  
Licensed Embalmer No. *2955*  
P. O. Address *P.O. 910*

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.