

STANDARD CERTIFICATE OF DEATH

State File No. **30305**

FILED OCT 7 1950

BIRTH NO. **57739-50** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4003**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 2718 Linwood | |

| | | | |
|---|----------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Unnamed b. (Middle) male c. (Last) Bosley | | 4. DATE OF DEATH (Month) (Day) (Year) 9 12 50 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 9-12-50 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | |

| | | |
|---|--|---|
| 13a. FATHER'S NAME James Silsby Bosley | 13b. MOTHER'S MAIDEN NAME Gwendolyn May Fletcher | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. James Bosley 2718 Linwood |

| | | | |
|---|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | INTERVAL BETWEEN ONSET AND DEATH 174h |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5 months premature DUE TO (c) Premature rupture of membranes | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |

22. I hereby certify that I attended the deceased from **9-12-50**, 19**50**, to **9-12-50**, 19**50**; that I last saw the deceased alive on **9-12-50**, 19**50**, and that death occurred at **10:30** a. m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE Eugene H. Ferguson (Degree or title) Eugene H. Ferguson | 23b. ADDRESS 333 Prof. Bldg. | 23c. DATE SIGNED 9-16-50 |
| 24a. BURIAL/CREMATION, REMOVAL (Specify) Trinity Laboratory | 24b. DATE 9-22-50 | 24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Hosp. |
| 24d. LOCATION (City, town, or county) (State) K.C. Mo. | | |

| | | |
|--|---|--|
| DATE REC'D BY LOCAL REG. 9-22-50 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Trinity Lutheran Hosp. K.C. Mo. |
|--|---|--|

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.