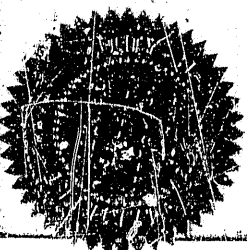


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BOOK J PAGE 549



I HEREBY CERTIFY, that this is a true, full and correct copy of the original certificate on file in this office.

Anna P. D. Nelson
Registrar, City of Tacoma & Pierce Co.
Tacoma, Wash. AUG 12 1973

WASHINGTON STATE DEPARTMENT OF HEALTH

STATE

REG. DIST. NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 578

1. PLACE OF DEATH a. COUNTY <u>Pierce</u>		2. USUAL RESIDENCE (When deceased lived. If institution, residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Pierce</u>	
b. CITY, TOWN, OR LOCATION <u>Tacoma</u>		c. CITY, TOWN, OR LOCATION <u>Orting</u>	
c. LENGTH OF STAY IN MONTHS <u>1</u>		d. STREET ADDRESS <u>102 W. Varner</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐		f. IS RESIDENCE ON A FARM? Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) <u>JOHN H. BOSSHART JR.</u>		4. DATE OF DEATH <u>March 26, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced	8. DATE OF BIRTH <u>1-13-1911</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORSTER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>St. Regis Lumber Co.</u>	
10. FATHER'S NAME <u>Dr. John Bosshart Sr.</u>		11. BIRTHPLACE (State or foreign country) <u>Rochester N. Y.</u>	
12. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, no, or unknown) (If yes, give war or name of service) <u>NO</u>		13. SOCIAL SECURITY NO. <u>532-09-4906</u>	
14. MOTHER'S MAIDEN NAME <u>Fannie Gillett</u>		15. INFORMANT <u>Records of Hospital</u>	
16. CAUSE OF DEATH (Under only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u> Conditions, if any, which give rise to above cause (b), stating the underlying cause last: <u>End advanced lymphosarcoma</u> DUE TO (c) <u>12 months</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE 17. WAS AUTOPSY PERFORMED? Yes ☐ No ☒		18. DATE OF DEATH <u>March 26, 1962</u>	
19a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 16.)	
20a. TIME OF INJURY <u>Hour Month, Day, Year</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>29 Jan 1962 to 26 Mar 62</u> and last saw her alive on <u>24 Mar 1962</u>		22. DATE OF DEATH <u>26 Mar 1962</u>	
23a. SIGNATURE <u>Paul J. Egan</u>		23b. ADDRESS <u>William Clinic Tacoma</u>	
24. FUNERAL DIRECTOR <u>G. H. Reep</u>		25. DATE RECD BY LOCAL REG. <u>MAR 30 1962</u>	
26. NAME OF CEMETERY OR CREMATORY <u>Orting Cemetery</u>		27. LOCATION (City, town, or county) <u>Orting, Washington</u>	
28. DATE RECD BY LOCAL REG. <u>MAR 30 1962</u>		29. REGISTRAR'S SIGNATURE <u>C. P. Nelson</u>	

S. N. No. 735-4-01-2154-0001