

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25864
Do not use this space.

DEAD AUG 22 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Kaw, Washington Primary Registration District No. 5-5-58
 (c) or City Kansas City, Mo. (d) Street No. 81st & Wornall Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Lewton Bolles

(a) Residence, No. Armour Memorial Home, 81st & Wornall (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Elizabeth Bolles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
79 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Horticulturist
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME William Alden Bolles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Martha A. Lewton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

17. INFORMANT (ADDRESS) Armour Memorial Home, 81st & Wornall Road, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE 7/28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3616 3235 Gillham Plaza, K. C., Mo.

20. FILED 8-11- 1939 (Address) 636 Argus

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to July 26 1939

I last saw him alive on July 26 1939. Death is said to have occurred on the date stated above, at 11:00am.
 The principal cause of death and related causes of importance were as follows:

Cancer Prostate

Date of onset

Other contributory causes of importance:

Name of operation Prostate Resection Date of 1-31-39
 What test confirmed diagnosis? True Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) C. D. Cantrell M. D.

(Address) 636 Argus

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. C. D. Cantrell

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... *E. M. Plank*

Licensed Embalmer No... *1848*

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, above space should be left blank.