

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

N. 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10143

Registration District No. 69

Primary Registration District No. 5105

Registrar's No. 18

FILED APR 17 1940

1. PLACE OF DEATH:

(a) County Bollinger  
 (b) City or town Sturdivant  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger  
 (c) City or town Sturdivant  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ben H. Bollinger 452

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Janet Alice Bollinger 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 10 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Daniel Bollinger  
 13. Birthplace Penn.  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elnora Fishawer  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. C. Master  
 (b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof Mar 24 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem., Lutesville.

18. (a) Signature of funeral director Baker Funeral Home  
 (b) Address Lutesville, Mo.

19. (a) 3/25 - 1940 (b) Wm J. Berry  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 22nd day  
 year 1940 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 13, 1940, to March 22, 1940, that I last saw him alive on March 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis, Acute Cystitis and Chronic Prostatitis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. C. Master (M. D. or other) D.O.  
 Address Advance Mo Date signed Mar 23 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Mal*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John E. Graham*

Licensed Embalmer No. 4610

P. O. Address *Terre Haute, Ind.*

**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.**