

No. 2
11-10-39
1-17-39
I X2145

MAY 15 1940

Registration District No. **5.30** Primary Registration District No. **5707**

1. PLACE OF DEATH:

(a) County Madison

(b) City or town South Platteville Mo
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town _____
(If outside city or town limits, write "RURAL") Rural

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME GEORGE PEARL BOLEY ⁴⁰⁰

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 7 - 1930
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1940 hour 112 minute 30 M.

21. I hereby certify that I attended the deceased from May 5
1940, to May 5 1940

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>19</u>	<u>8</u>	<u>38</u>	hr. _____ min. _____

Immediate cause of death Accidentally killed in Automobile wreck Duration _____

Due to Fast Driving

Due to _____

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

10. Usual occupation In School

MOTHER FATHER

12. Name Harrison Boley

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

14. Maiden name Bertha Prather
(City, town, or county) (State or foreign country)

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

Other conditions (Include pregnancy within 3 months) _____

Major findings: _____

Of operations None

Of autopsy No

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harrison Boley

(b) Address Kirksville, Mo. R.R. #1

17. (a) Burial (b) Date thereof May 6 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yarbovin

18. (a) Signature of funeral director W.H. McCallum

(b) Address South Platteville

19. (a) May 10 1940 (b) Mrs Lloyd Baker
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 5 1940

(c) Where did injury occur? South Platteville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 472 Public Place

While at work? No (Specify type of place) (e) Means of injury Auto Wreck

23. Signature Lowest Coroner (M. D. or other) _____

Address New Denmark Date signed May 5 1940

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

RECEIVED

District Health Officer No. 10

District File Number 5-40-1034

Date Filed MAY 14 1940

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 W. M. C.

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

Signed

W. M. C. Collins

Licensed Embalmer No. 2052

P. O. Address South Efford

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.