

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.

Registration District No. 102

Primary Registration District No. 552

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town _____
 (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 X
 In this community Life
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Callaway
 (c) City or town Anyvass, Mo Rural
 (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 Frances Chathrine Bolin
 (b) If veteran, name war X
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 7th
 year 1940 hour 11 minute _____ A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Ben Bolin
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased May 30 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 7, 1940, to July 7, 1940
 that I last saw her alive on July 7
 and that death occurred on the date and hour stated above
 Immediate cause of death Myocardial Infarction
 Duration _____

8. AGE: Years Months Days If less than one day
76 1 7 hr. _____ min.

Due to _____
 Due to _____

9. Birthplace W. K. Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions _____
 (Include pregnancy within 8 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business X
 12. Name Benjamin Terrance
 13. Birthplace W. K. W. K.
 (City, town, or county) (State or foreign country)
 14. Maiden name Maranda
 15. Birthplace W. K. W. K.
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Mrs. Sanford McCull
 (b) Address Anyvass, Mo Route 2

17. (a) Burial (b) Date thereof July 9-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Hughes Manpin
 (b) Address Anyvass, Mo

19. (a) July 8 1940 (b) H. B. Nichols
 (Date received local registrar) (Registrar's signature)

23. Signature H. B. Nichols (M. D. or other) _____
 Address Anyvass Mo Date signed 7-8-40

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. *not embalmed*

Signed

Hughes Manpin

Licensed Embalmer No.

2358

P. O. Address

AuxVasse, Mo

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.