

240
1939
3139

18 1940

Registration District No. 589

Primary Registration District No. 4347

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Jonesburg, 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) 20

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME LENA BELLE BOLTON

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

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

6. (b) Name of husband or wife William A Bolton 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 30 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>8</u>	<u>10</u> hr. <u>30</u> min.

9. Birthplace Pin Oak, Mo. Missouri
(City, town, & county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name John Henry Adelott

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

14. Maiden name Martha Wilson

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

16. (a) Informant Joel Bolton

(b) Address Jonesburg, Mo

17. (a) Jonesburg (b) Date thereof 10 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg

18. (a) Signature of funeral director Carl Hedberg of Co

(b) Address Jonesburg, Mo

19. (a) Oct. 10-40 (b) Mary Lou Plummer
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Jonesburg
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1940 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 8th 1940, to October 8th 1940, that I last saw her alive on October 8th 1940; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to myocarditis

Due to Senility 92C

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 3

23. Signature George H McCallum (M.D. or other) D.O

Address Jonesburg, Mo Date signed 10/8/40

Duration 20 yrs 9 mos 2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Carl A. Harding
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonestown, 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, fact should be so stated above.