

No. 2
1-13-40
-17-39
X23159

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 376

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
209 West 5th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 72Yrs 2Mo. 16 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 209 West 5th St.
(If rural, give location)

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

3. (a) PRENT FULL NAME Robert Early Bouldin

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, Widowed

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

7. Birth date of deceased Sept. 16 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Insurance Salesman

11. Industry or business Retired

12. Name James E. Bouldin

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

14. Maiden name Mildred Thompson

15. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard E. Bouldin

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec. 5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

(d) Signature of funeral director Gillespie Funeral Home
(City, town, or county)

(e) Address Sedalia

19. (a) 12/5/40 (b) Mrs. Harry Sueda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1940 hour 6 minute 35 P M.

21. I hereby certify that I attended the deceased from Nov 21
1940, to Dec 2, 1940;
that I last saw him alive on Dec 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 11 days

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 906
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. W. Bogers (M. D. or other) MD
Address Sedalia, Mo. Date signed 12/2/40

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

0
7
7

5

RECEIVED
District Health Officer No. 8,
District File Number 1-14-41
Date Filed

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 Geo. Dillard
Licensed Embalmer No. 3868
P. O. Address Dudalia, 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.