DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6747

MAR 14 1941

Registration District No. 4218

Primary Registration District No. 3015

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ravonsway Clenic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2. Weeks (Specify whether years, months or days)

In this community 7. Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau

(c) City or town: California, Mo.
(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: Nellie Grace Bolin

8. (b) If veteran, name war:

8. (c) Social Security No. 496.14.1047

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clifford Bolin

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: May (Month) 28 (Day) 1916 (Year)

8. AGE: Years 24 | Months 8 | Days 16 | If less than one day: hr. min.

9. Birthplace: Moniteau Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business:

FATHER
12. Name: Fred McFarland
13. Birthplace: Moniteau Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Pearl Scott
15. Birthplace: Moniteau Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Clifford Bolin
(b) Address: California, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 15. 41 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemt. California

18. (a) Signature of funeral director: Bowlin Funeral Home
(b) Address: California. Mo.

19. (a) 2-14-41 (Date received local registrar) (b) D. B. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 13 year 1941 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan. 28, 1941, to Feb. 13, 1941; that I last saw her alive on Feb. 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	
Due to: Post Operative Secondary Hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Retroversion of Uterus and Chr. appendicitis

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Aubrey H. Wells (M. D.)

Address: Boonville, Mo. Date signed: Feb 13 1941.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK. PRINT NAMES IN FULL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Form 1 X19811

RECEIVED
District Health Officer No: 8,
District File Number
Date Filed 3-7-41

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California M

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.