

No. 2
1-10-39
17-39
X21492

FILED SEP 11 1941

Registration District No. 906

Primary Registration District No. 6217

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartsville Hart Co. 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 Missouri (b) County Wright

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME JAMES M. BOLT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 9 to 10 minute _____ A. M.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 12 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from for several years 19____ to _____ 19____;
that I last saw him alive on June 20 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death Metastatic Cancer

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Maack Bolt

18. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Agabell Baggerl

16. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Houston Bolt

(b) Address Northwood Mo.

17. (a) burial (b) Date thereof 8-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

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? _____

18. (a) Signature of funeral director Raydin E. Fernald

(b) Address Northwood Missouri

19. (a) 8-5-1941 (b) W. W. Wynne
(Date received local registrar) (Registrar's signature)

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

23. Signature W. W. Wynne (M. D. or other) 11

Address Northwood Date signed 8/2/41

RECEIVED

District Health Officer No. 6,

District File Number 941-1456

Date Filed SEP 9 1941

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

Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Donwood Missa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.