

Registration District No. **125**

Primary Registration District No. **3009**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution: **Southeast Mo. Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

8. (a) PRINT FULL NAME **John Hiram Bollinger**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cordia Bollinger** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **December 10th. 1868.**

8. AGE: Years **72** Months **10** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Sedgewickville Missouri**

10. Usual occupation **Farming**

11. Industry or business **William Bollinger**

12. Name **Bollinger** 13. Birthplace **Missouri**

14. Maiden name **Sarah Hartle** 15. Birthplace **Missouri**

16. (a) Informant's own signature **Oscar Ballinger** (b) Address **Patton, Mo**

17. (a) **Burial** (b) Date thereof **9 10 1941**
(c) Place: burial or cremation **Flatwoods Cemetery**

18. (a) Signature of funeral director **Wilson Stather Seabough** (b) Address **Jackson Mo**

19. (a) **9-13-41** (b) **F. W. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Rural**
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9-13** day **13**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **6-22-39** to **9-13-41**, 19____
that I last saw him alive on **9-13-41**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (Hypostatic)**

Due to _____
Due to _____

Other conditions **Myocarditis (King Shindley)**
Major findings: Of operations _____
Of autopsy **932**

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?
(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 _____

23. Signature **Uthermonte** (M. D. or other) **19**
Address **Jackson Mo** Date signed **9-13-41**

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.

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.....

Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, 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.