

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Marion Township
(c) Name of hospital or institution: Route #4
(d) Length of stay: In hospital or institution 15 years
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Marion Township
(d) Street No. Route #4, Carthage, Mo.
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JEREMIAH BOLIN
3. (b) If veteran, name war None
3. (c) Social Security No. None

20. DATE OF DEATH: Month Oct. day 10th, year 1941 hour 6:00 minute P.M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Eva Temple
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept. 28th, 1859

21. I hereby certify that I attended the deceased from July 9, 1941 to Oct 10, 1941
that I last saw him alive on Oct 10, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 12 If less than one day

Immediate cause of death Chronic Myocarditis Disease of Coronary Arteries
Duration 5 yrs 5 yrs

9. Birthplace Moltrie Co., Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name James Bolin

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

14. Maiden name Nancy Hayes

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Statts

(b) Address Route #4

17. (a) Burial (b) Date thereof 10-14-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Carthage, Mo.

19. (a) Oct 14, 1941 (b) E. J. McIntire, M.D. (Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions Venipuncture

Major findings: Of operations None

Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? No
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury

23. Signature George H. Wood (M. D. or other) M.D.

Address 304 Grant St., Date signed 10/13/41

41-11-902

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 *Gene P. Dugh*

Licensed Embalmer No. *4231*

P. O. Address *Carthage, 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.