

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2983

FILED FEB 12 1942

Registration District No. 0 Primary Registration District No. 5804 435-9 Registrar's No. 5804

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Parma
(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? 0 years.

3. (a) PRINT FULL NAME MRS. ADELINE BOLTON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 1942 hour 1 minute 20 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
7. Birth date of deceased: Feb. 16 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 1942 to Jan 11 1942
that I last saw her alive on Jan 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 10 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death: Cardiac Decomposition

9. Birthplace: unknown Ill 1
(City, town, or county) (State or foreign country)

Other conditions: 9321
(Include pregnancy within 3 months of death)

10. Usual occupation Cook

Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name Green B Tucker
13. Birthplace _____ Tenn 1
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Cannon
15. Birthplace _____ Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Obey L. Allen
(b) Address Parma Mo

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? _____

17. (a) Burial (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parma Cemetery

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

18. (a) Signature of funeral director Bisplinghoff & Hubbard
(b) Address Chaffee Mo
19. (a) Jan 15, 42 (b) Mrs. S.B. Rademaker
(Date received local registrar) (Registrar's signature)

23. Signature Geo W. ... (M. D. or other) _____
Address Parma Mo Date signed 1/12/42

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.....

Walter Busplinghoff

Licensed Embalmer No.....

3242

P. O. Address.....

Chaffee 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.