

FILED MAR 9 1942

Primary Registration District No. 203

Registrar's No. 5

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

1. PLACE OF DEATH: Benton

(a) County Warsaw

(b) City or town Rural Lindsey Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
years, months or days)

3. (a) PRINT FULL NAME William Henry Bolton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Pippen Bolton

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 25 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	16	hr. /min.

9. Birthplace Shell Rock Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Bolton 9

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

14. Maiden name Unknown 19

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

16. (a) Informant Mrs. W. F. Bolton

(b) Address Market St. Warsaw Mo.

17. (a) Burial (b) Date thereof Feb. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Oak Windsor, Mo.

18. (a) Signature of funeral director Ellis M. Austin

(b) Address Windsor Mo.

19. (a) 2/13/42 (b) Jas A Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Rural Warsaw
(If outside city or town limits, write "RURAL")

(d) Street No. Lindsey Twp. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th
year 1942 hour 8:45 PM. minute _____ M.

21. I hereby certify that I attended the deceased from Feb., 11, 1942 to Feb., 11, 1942;
that I last saw him alive on Feb. 11, 1942, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 5 days

Due to XXX

Due to 338

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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? _____

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

23. Signature Eric S. Kelly (M. D. or other) D. O.

Address Warsaw, Mo. Date signed 2-12-42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-156

Date Filed 3-4-42,

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.....

Licensed Embalmer No.....

P. O. Address.....

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.