V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

016
1
4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10426

FILED APR 20 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Cape

(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community ----- 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Bell City, Route # 1.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE BOLLINGER

3. (b) If veteran, name war ****

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lon Bollinger

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec. (Month) 2, (Day) 1897 (Year)

8. AGE: Years 44 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Lofton
13. Birthplace ---- (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Martha Alice Clark
15. Birthplace ----- (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Lon Bollinger
(b) Address Bell City, Route # 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove cem.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 3-19-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15th year 1942 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/12, 1942, to 3/15, 1942 that I last saw her alive on 3/15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of	
Due to Uterus and Vagina	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 48 P
Of autopsy None

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

23. Signature A. Smith (M. D. or other) MD
Address Cape Girardeau Mo Date signed 3/17/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 442-502
Date Filed 4-15-42

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 Jas. C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.