V. S. No. 2
0M—9-4-41
Rev. 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. 18671

Registration District No. 660 FILED JUN 19 1942

Primary Registration District No. 5878

Registrar's No. 35

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

49
0
0

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural R. F. D. #4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Twp
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Perry 79
(c) City or town R. F. D. 4 0
(If outside city or town limits, write "RURAL")
(d) Street No. Perryville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Francis Nickless Boland

3. (b) If veteran, name war

3. (c) Social Security No. 499-07-0244

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 29, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	14	hr. min.

9. Birthplace Ste. Genevieve County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Handy Man

11. Industry or business

FATHER
12. Name Joseph Boland
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Thurse Ann Munson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles Boland
(b) Address Flat River, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 14, 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Minnith, Mo.

18. (a) Signature of funeral director Bey Funeral Home
(b) Address Perryville, Mo.

19. (a) 5-14-42 (Date received local registrar) (b) O F Preusse (Registrar's signature)

1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1942 hour ? minute M.

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

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

164C

Major findings:
Of operations
Of 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) Suicide
(b) Date of occurrence May 13th
(c) Where did injury occur? Perry (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in farm home (Specify type of place)
While at work? (e) Means of injury Gun shot

23. Signature W E Urban 3 (M. D. or other) Coroner
Address Perryville Mo Date signed 5-14 42

(Licensed Embalmer's Statement on Reverse Side)

41

RECEIVED

District Health Officer No. 4

District File Number 642-820

Date Filed 6-18-42

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 Albert Berg

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.