

FILED OCT 8 1942

Registration District No. 217

Primary Registration District No. 2045

67  
1  
2

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

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: S. Smyth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. .... (Specify whether)  
In this community 8 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miss 67  
(c) City or town Charleston, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. Seventh  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME HENRY WALLACE BOLEN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife MINNIE ROBERTA BOLEN 6. (c) Age of husband or wife if alive married years

7. Birth date of deceased. DEC. 24, 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 11 If less than one day hr. min.

9. Birthplace MCCRACHEN CO. KY (City, town, or county) (State or foreign country)

10. Usual occupation RAILROAD EMPLOYEE

11. Industry or business RAILROAD

MOTHER FATHER { 12. Name Geo. Bolen  
13. Birthplace D.K. (City, town, or county) (State or foreign country)  
14. Maiden name D.K.  
15. Birthplace D.K. (City, town, or county) (State or foreign country)

16. (a) Informant COYLE BOLEN

(b) Address Charleston, Mo  
17. (a) Burial (b) Date thereof 9-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles A. Lindsey While at work? X  
(b) Address Lawrence, Ky (Specify type of place) Means of injury

19. (a) 9-20-42 (b) L. H. Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 1942 Sept 13 1942  
that I last saw him alive on Sept 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardio Vasculer Renal Disease 6 Mo +

Due to .....

Due to .....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations NONE 131a  
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) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

22. Signature L. Chas. Reuling (M. D. or other) 0  
Address Charleston, Mo. Date signed 9/13/42

RECEIVED

District Health Office No. 2,

District File Number 1042-1223

Date Filed 10-6-42

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 me

Charles A. Lindsay, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Charles A. Lindsay

Licensed Embalmer No. 14711

P. O. Address Duquesne

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.