

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

1. PLACE OF DEATH:

(a) County Ralls,

(b) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 45 Yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls,

(c) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Ollie D. Boulware.

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

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nibbs Boulware.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March, 1, 1882.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>17</u>	hr. .... min.

9. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER FATHER { 12. Name Stark Boulware.

13. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Laura J. Wood.

15. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nibbs Boulware

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Dec. 22, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liak Creek Cemetery.

18. (a) Signature of funeral director Clydes Wilkey.

(b) Address Perry, Missouri.

19. (a) 12-21-42. (b) Mrs. Earl Perkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day .....  
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from viewed dead body  
December-18, 1942, to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to gunshot wound in head. found dead in bathroom of family home.

Other conditions (Include pregnancy within 3 months of death) 164

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 December-18-1942

(c) Where did injury occur? 1 mile west of Perry-Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in bathroom of family home  
(Specify type of place)

While at work? No. (e) Means of injury Gunshot

23. Signature H. C. Caldwell (M.D. or other) Coroner

Address New London, Mo. Date signed 12/18/42

30/42

1135

JAN 4 1943

**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

*Clyde Wilkey*

Licensed Embalmer No. ....

*3820*

P. O. Address

*Perry, 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.**