

10646

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 93

Registration District No. 1699

Primary Registration District No. 5616

1. PLACE OF DEATH:
(a) County Knox County, Mo.
(b) City or town Rutledge, Mo. (Colony) Rural.
(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 Life (Specify whether)
In this community Life (Specify whether)
years, months or days

3. (a) PRINTN FULL NAME Napoleon Boney Boltz
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife Henritta Rudical 6. (c) Age of husband or wife if alive 1859 years
7. Birth date of deceased Oct - 30 - 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 5 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Henry Boltz
13. Birthplace uk Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Smiley
15. Birthplace uk uk
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall Boltz
(b) Address Rutledge, Missouri
17. (a) burial (b) Date thereof Feb-7-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Colony Cemetery

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri
19. (a) Feb 7-43 (b) Will Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 52
(a) State Missouri (b) County Knox
(c) City or town Rutledge, (rural)
(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 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5
year 1943. hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1942 to 1943
that I last saw him alive on July and that death occurred on the date and hour stated above.
Immediate cause of death Paralysis
Local Motfr Duration 2 yrs

Due to 83d
Due to 83d
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83d
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) 0
(b) Date of occurrence 0
(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 0
Signature J R Northcutt (M. D. or other)
Address Knox City Mo Date signed 2/7/43

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

RECEIVED
District Health Officer No. 10
District File Number 4-43-650
Date Filed APR 7 1949

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. ~~2415~~
working under my personal supervision.

Signed

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Missouri

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.