. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13680

State File No. 3

Registration District No. 42 Primary Registration District No. 10005134 Registrar's No. 5-04

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town George Cross Store R. R. # 6 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # 6 / Washington 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 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 6 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Justice Bolack

3. (b) If veteran, name war No

3. (c) Social Security No. 442-07-2629

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Bolack

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 17, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Cowley County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Pressure Observer

11. Industry or business Cities Service Gas. Co.

FATHER
12. Name Louis G. Bolack
13. Birthplace Sandusky Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marian Austin
15. Birthplace (Unknown) New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Bolack

(b) Address R. R. # 6, St Joseph, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Winfield Kansas.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) 4-23-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1943 hour 3 minute 30 p M.

21. I hereby certify that I attended the deceased from July 18, 1942 to April 17, 1943 that I last saw him alive on April 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occulsion	2 min
Due to Coronary Sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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)

(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 Benjamin M Riles Jr (M. D. or other) DO.

Address 6207 King Hill St Joseph, Mo. Date signed 4-22-43

1223 (Licensed Embalmer's Statement on Reverse Side)

MAR 23 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. 4238, working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.