

FILED JUN 15 1943

Registration District No. **62**

Primary Registration District No. **4108**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Stockton, Missouri**
(c) Name of hospital or institution: **XXX /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XXX** (Specify whether
In this community **XXX** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cedar**
(c) City or town **Stockton, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **XXX** (If rural, give location)
(e) Citizen of foreign country **NO** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **Samuel Jett Bolton**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XXX**

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

6. (b) Name of husband or wife **Minnie Bolton** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 31, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	1	2	XXXXXXX min.

9. Birthplace **Stockton, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **City Clerk**

11. Industry or business **XXX**

12. Name **Samuel A. Bolton**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary H. Scott**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **S. P. Bolton**

(b) Address **Stockton Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-4-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Stockton Cemetary**

18. (a) Signature of funeral director **Church and Neale**

(b) Address **Stockton, Missouri**

19. (a) **6-1-43** (Date received local registrar) (b) **Mrs Ethel Church** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **43** hour **6:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **2-2-43**
19... to **5-3-1943**
that I last saw him alive on **5-3-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial insufficiency hrs**
Due to **Myocardial valvular disease yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm. B. Richter** (M.D. or other)
Address **Stockton** Date signed **5-3-43**

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

MOTHER FATHER

20
00

RECEIVED

District Health Officer No. 21

District File Number 5-43-470

Date Filed 6-7-43

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 C. H. Neal
Licensed Embalmer No. 3335
P. O. Address Stekton

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.