

FILED JUN 11 1943 19

Registration District No. _____

Primary Registration District No. 6077

Registrar's No. 24

1. PLACE OF DEATH:

(a) County St Genovivo

(b) City or town Linnith lo. (Kannapolis)
(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 _____ (Specify whether _____)

In this community 75-3-15 (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genovivo

(c) City or town Linnith lo.
(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

3. (a) PRINT FULL NAME James Francis Boland

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, widowed

6. (b) Name of husband or wife Ann Boland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day _____ br. _____ min.

9. Birthplace St. Genovivo Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Potor Boland

13. Birthplace St. Genovivo Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elvora Scott

15. Birthplace St. Genovivo Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gus Boland

(b) Address Linnith lo.

17. (a) Burial (b) Date thereof May 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linnith lo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville lo.

19. (a) May 10 / 43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 15 1943 to May 8 1943
that I last saw H.M. alive on May 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chrom Myocarditis 1 yr.

Due to General arteriosclerosis 2 yrs

Due to _____

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

Major findings: Of operations _____ 93d

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Oscar A. Carren (M. D. _____)

Address Perryville, Mo Date signed 5-9-43

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

905

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 643-2296
Date Filed 6-7-43

JUN 12 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 *Edward Young*
Licensed Embalmer No. 2138
P. O. Address *Roseville 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.