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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24237
Registrar's No. 98

FILED AUG 13 1943 10

5037

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: None
1 R Route
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Halls

(c) City or town Perry
(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 Rev. Frank P. DeBolt

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Gertrude DeBolt 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 10, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Presbyterian Minister

11. Industry or business Perry Presbyterian Church

12. Name Joseph DeBolt

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

14. Maiden name Anna Sylvia

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude DeBolt

(b) Address Perry, Missouri

17. (a) Burial (b) Date thereof 7/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City, Missouri

18. (a) Signature of funeral director Chas. De Wilby

(b) Address Perry, Missouri

19. (a) July 4 - 1943 (b) Margaret H. Mackey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____ 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 Coronary Artery Disease
"I find that the deceased
came to his death by
Due to natural causes: Coronary
occlusion - Ery. Bacter. Crin

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

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?

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

23. Signature Ery. Bacter. Coronary (M. D. or other)
Address Udell Co, Mo Date signed 7/8/43

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

4000

1074

RECEIVED

District Health Officer No. 10

District File Number 843-1373

Date Filed AUG 11 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 Wilby
Licensed Embalmer No. 38201
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.