

No. 2
5-42
5-17-39
X3287F

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34840

State File No.

LED NOV 12 1943
Registration District No. 7.37

Primary Registration District No. 5509

Registrar's No. 205

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CALHAN RR
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Deer Creek 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Excelsior Springs Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 43 hour 5 minute AM
21. I hereby certify that I attended the deceased from July
1943 to Oct 24 1943
that I last saw her alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac
apoplexy
Due to hypertension &
perniosis
Other conditions (includes pregnancy within 3 months of death) 8 20

Duration
1 da

2 31

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ed. Sulphrey (M. D. or other) M.D.
Address Clinton Mo Date signed 10-24-43

3. (a) PRINT FULL NAME GEORGIA ANNA BOLIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced man

6. (b) Name of husband or wife PETER BOLIN 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 28 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 26 If less than one day hr. _____ min. _____

9. Birthplace atherton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John Myers
13. Birthplace Germany
14. Maiden name Rachel Bittler
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Heester

(b) Address Clinton Mo RR #2

17. (a) Burial Date thereof Oct 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plan cemetery

18. (a) Signature of funeral director Consalvo & Beck

(b) Address Clinton Mo

19. (a) October 25 1943 Georgia Ritchey
(Date received local registrar) (Registrar's signature)

1069

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1245

Date Filed 11-60-43

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.....

J E Corson

Licensed Embalmer No.....

1891

P. O. Address.....

Clinton, 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.