

FILED JAN 7 1948

Registration District No. 20

Primary Registration District No. 611213

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Illmo. J. W. M. P. C.
(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 22 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Scott Mo (b) County Scott

(c) City or town Illmo.
(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 Mary Elka Bolin

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife J. Bolin

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

7. Birth date of deceased Oct 24, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>1</u>	<u>6</u>	br. min.

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

10. Usual occupation House Keeper

11. Industry or business

12. Name Thomas Coot

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

14. Maiden name Betty Lee

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

16. (a) Informant Mrs Wm Kagle

(b) Address Illmo Mo

17. (a) Burial (b) Date thereof Dec 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burtercem. Stoddard Co Mo

18. (a) Signature of funeral director Bisplinghoff & Hubbard

(b) Address Stoddard Illmo. Mo

19. (a) 12-3-43 (b) B. J. D...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1943 hour 9 minute 56 P.M.

21. I hereby certify that I attended the deceased from October 30 1943 to Nov 30 1943
that I last saw her alive on Nov 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Transition Duration 30 days

Due to Carcinoma of the head of the pancreas.

Due to not determined

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

Major findings: 46g

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) (e) Means of injury 2

23. Signature Dr. Fred W. Martin, D.O.

Address Illmo, Mo Date signed

RECEIVED

District Health Office No. 2,

District File Number 144-29

Date Filed 1-5-44

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 Morris Breyerhoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.