

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1943
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2825
State File No. _____
Registrar's No. 249B

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield Mo.
(c) Name of hospital or institution Springfield Baptist Hospital
(d) Length of stay: In hospital or institution 2 hrs.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lack
(c) City or town Fair Play (Rural)
(d) Street No. 4 Miles W. of Fair Play
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Alice Sarah Bolen
(b) If veteran, name war None
(c) Social Security No. no

20. DATE OF DEATH: Month Mar day 27, year 1943 hour 8:30 minute P M.

4. Sex Female 5. Color White 6. (a) Single, widowed, divorced, or Married
(b) Name of husband or wife James Bolen 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Aug 11 1851 15 1867

21. I hereby certify that I attended the deceased from Mar 27 1943 to Mar 27 1943
that I last saw him alive on Mar 27 and that death occurred on the date and hour stated above.

8. AGE: Year 75 Month 11 Day 12 If less than one day _____ hr. _____ min.

Immediate cause of death Fracture base of skull Duration 6 hrs
Due to Fracture right humerus 6 hrs
Due to Internal injuries 6 hrs
Auto Collision
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Mo. unk (City, town, or county) no. (State or foreign country) 0

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: 170c-8
Of operations _____
Of autopsy _____

10. Usual occupation Housekeeper
11. Industry or business none
12. Name William Tindle
13. Birthplace Unknown unk. 9
14. Maiden name Anna Matlock (State or foreign country)
15. Birthplace Unknown unk. 9

16. (a) Informant Anna Little
(b) Address Fairplay, Mo.
17. (a) Burial (b) Date thereof April, 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 189
(b) Date of occurrence Mar 27 1943
Where did injury occur? Near home Fair Play Mo
(City or town) (County) (State)

(c) Place: burial or cremation Springfield Baptist Cemetery
18. (a) Signature of funeral director Arthur W. Blue
(b) Address Balvar, Mo.
19. (a) 12-6-43 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?
Auto accident on highway 64
(Specify type of place)
(1) While at work no (2) Means of injury Automobile
23. Signature Robert Glynn (M. D. or other) MD
Address Springfield Date signed 3/27/43

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 *Willard D. Erwin*.....

Licensed Embalmer No. *3092*.....

P. O. Address *Bellevue, 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.