

PAID MAR 8 1944

State File No. _____

Registrar's No. 77

Registration District No. 274

Primary Registration District No. 5935

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. No. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (rural #3)
(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 February day 25th.
year 1944 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from
Feb 2 1944 to Feb 25 1944
that I last saw him alive on 3 days ago - 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Old Myocarditis
Due to _____
arterio sclerosis
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Walter Bolton

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

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

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 1 7 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 18 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farm

12. Name William W. Bolton

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

14. Maiden name Martha M Donahue

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

16. (a) Informant Gertrude Bolton
(b) Address Sedalia, Mo. (rural)

17. (a) Burial (b) Date thereof 2-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia, Missouri

19. (a) 2-25-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Just B. Calice M.D. (M. D. or other)
Address Sedalia, Mo. Date signed 2-25-44

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

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RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-7-47

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 L. C. Beuklin
Licensed Embalmer No. 3867
P. O. Address Sealata

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.