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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31560

Primary Registration District No. 6003

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution: 0

R R # 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town Hannibal (If outside city or town limits, write "RURAL") 0

(d) Street No. R R # 4 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Anderson Boling

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 Anna Roland

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 24, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	2	22	hr. min.

9. Birthplace Ralls County Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business XX

FATHER
12. Name William Henry Boling
13. Birthplace Ralls County Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Cinderella Jamison
15. Birthplace Ralls County (City, town, or county) 0 (State or foreign country)

16. (a) Informant Charles H. Boling

(b) Address R R # 4, Hannibal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)

(c) Place: burial or cremation Hydesburg Cemetery

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 9-23 44 (Date received local registrar) (b) R R Boling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 14, 1944 to Sept 16, 1944 that I last saw him alive on Sept 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions Chr myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John J Reuhman (M. D. or other) MD

Address 1001 Broadway Hannibal Mo Date signed

1171

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-44-1671
Date Filed OCT 6 1944

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address 902 Broadway

Hannibal 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.