

FILED NOV 15 1944

Registration District No. 167

Primary Registration District No. 42576

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Northeast Holden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. Northeast Holden
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX N

3. (a) PRINT FULL NAME EDWARD BOLEJACK

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Francis Bolejack 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July 31, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 16 If less than one day
hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business xxxxxx

12. Name Alfred M Bolejack

13. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Weather

15. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Bolejack

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof Oct 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 10-19-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1944 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from September 14, 1944 to October 17, 1944
that I last saw him alive on October 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to CHA
Due to _____

Other conditions Sen Arterio sclerosis
(Include pregnancy within 7 months of death) Chronic Prostatitis

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 10/19/44

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

51
1
0

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..... *M L Canaday*.....
Licensed Embalmer No. *2431*.....
P. O. Address *Holden, 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.