

State File No. **40607**
 Registrar's No. **47**

FILED JAN 8 3 1945

Registration District No. **2**

Primary Registration District No. **5110**

1. PLACE OF DEATH:

(a) County **Bollinger**
 (b) City or town **Rural** **Filmore Twp.**
 (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 **1** (Specify whether
 In this community **Lifetime** years, months or days)

3. (a) PRINT FULL NAME **Rezilla Jane Bollinger**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **March 2 1860**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 18 hr. min.

9. Birthplace **Wayne Co. Mo. 11**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Hwf.**

11. Industry or business

12. Name **Monroe Sitz**
 13. Birthplace **Wayne Co. Mo. 11**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lutes**
 15. Birthplace **Lutesville, Mo. 11**
 (City, town, or county) (State or foreign country)

16. (a) Informant **D. F. Bollinger**
 (b) Address **Glen Allen, Mo.**
 17. (a) **Burial** (b) Date thereof **Dec. 20, 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Kinder Cem.**

18. (a) Signature of funeral director **Baker Funeral Home**
 (b) Address **Lutesville, Mo. J. E. Graham**
 19. (a) **12/21/44** (b) **Mrs. Geneva Graham**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Near Glen Allen**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **18th**
 year **1944** hour **12:00** minute **25** A. M.

21. I hereby certify that I attended the deceased from **12/1/44**
 19 to 19;
 that I last saw her alive on **12/18/44** 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**
 Due to **Cerebral hemorrhage**

Due to
 Other conditions (Include pregnancy within 3 months of death)
9500

Major findings:
 Of operations
 Of autopsy

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
 23. Signature **John H. Morgan** (M. D. or other)
 Address **Interstate 66 Mo** Date signed **12/21/44**

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

RECEIVED

District Health Officer No. 4
District File Number 145-19
Date Filed 1-6-45

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

J. C. Graham

Licensed Embalmer No.

4010

P. O. Address

Lutetia, 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.