

FILED JAN 15 1945  
Registration District No. **29**

Primary Registration District No. **6022**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Richmond, Rural**  
(c) Name of hospital or institution: **Surge**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
In this community **1** years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond Rural**  
(d) Street No. **7, Miles North West**  
(e) Citizen of foreign country? **NO**  
If yes, name country

3. (a) PRINT FULL NAME **Anna I. Bollinger**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Henry C. Bollinger** 6. (c) Age of husband or wife if alive **28** years  
7. Birth date of deceased **Mar. 28, 1868**

8. AGE: **76** Years **8** Months **11** Days  
If less than one day hr. min.

9. Birthplace **Ray Co. Mo.**

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Charlie Larkey**  
13. Birthplace **Ray Co. Mo.**  
14. Maiden name **Mary White**  
15. Birthplace **Ray Co. Mo.**

16. (a) Informant **George W. Bollinger**  
(b) Address **Kansas City, Mo.**  
17. (a) **Burial** (b) Date thereof **Dec. 11, 1944**  
(c) Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Richmond, Mo.**  
19. (a) **Dec 11 1944** (b) **Mrs. Gladys [Signature]**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9.** year **1944** hour **5** minute **25** P./M.

21. I hereby certify that I attended the deceased from **12-9-44** to **12-9-44**  
that I last saw her alive on **12-9-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis, carcinoma of colon**

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

Major findings: **H6e**  
Of operations  
Of autopsy  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **[Signature]** (M. D. or other) **MD.**  
Address **Richmond, Mo.** Date signed **12-11-44**

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

MOTHER FATHER

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-75

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, #####  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.