

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2002

FILED FEB 5 1945

State File No. _____

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos., 22 days
In this community 7 mos., 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Douglas

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

(d) Street No. 2816 Pinkney St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Howard Boulden

3. (b) If veteran, name war World War II

3. (c) Social Security No. Yes, not remembered

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marge Ann Boulden

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased November 11, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>1</u>	<u>30</u>	hr. min.

9: Birthplace Sioux City, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Packing Company

MOTHER FATHER

12. Name Charles Edward Boulden

13. Birthplace Missouri Valley Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Louise Bonus

15. Birthplace Oslo Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of removal: Omaha, Nebr.

18. (a) Signature of funeral director Herbert Hope
HERBERT HOPE Undertaker

(b) Address Excelsior Springs, Mo.

19. (a) 1-11-45 (Date received local registrar)
Ernest E. Tapp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1945 hour 4:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from May 19 1944 to January 10 1945:
that I last saw him alive on January 10 1945:
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, unknown far advanced, active, severe

Due to _____
Due to _____

Other conditions Pulmonary hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No autopsy performed

22. If death was due to external causes, fill in the following:
(a) 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 Ernest E. Tapp (M. D. or other) _____

Address Veterans Administration Date signed 1-11-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24

RECEIVED

not Health Officer No. 8.

File Number

2-2-45

Filed

MAR 14 1951

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 *Gas A. Moles*

Licensed Embalmer No. *3296*

P. O. Address *Ex Springs 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.