



JUN 22 1945

2-2-45  
1-1-45

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.....*Paul B Hooper*.....

Licensed Embalmer No.....*3261*.....

P. O. Address.....*Grocker, 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.

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

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		State File No. <u>37</u>	
Registration District No. <u>290</u>		Primary Registration District No. <u>4430</u>		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE OF DECEASED:</b>	
(a) County <u>Pulaski</u>				(a) State _____ (b) County _____	
(b) City or town <u>Crocker</u>				(c) City or town _____	
(c) Name of hospital or institution: _____ (If outside city or town limits, write "RURAL" and name of township)				(If outside city or town limits, write "RURAL")	
(d) Length of stay: In hospital or institution _____ (Specify whether _____)				(d) Street No. _____ (If rural, give location)	
In this community _____ years, months or days				(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____	
<b>3. (a) PRINT FULL NAME</b> <u>Herbert J. Bolner</u>				<b>MEDICAL CERTIFICATION</b>	
3. (b) If veteran, name war _____				20. DATE OF DEATH: Month <u>March</u>	
3. (c) Social Security No. _____				year <u>1945</u> hour _____ minute _____ M.	
4. Sex <u>m</u>				21. I hereby certify that I attended the deceased from _____, 19____;	
5. Color or race <u>w</u>				that I last saw him alive on _____, 19____;	
6. (a) Single, widowed, married, divorced <u>m</u>				and that death occurred on the date and hour stated above.	
6. (b) Name of husband or wife _____				Immediate cause of death _____	
6. (c) Age of husband or wife if alive _____				Duration _____	
7. Birth date of deceased <u>Feb 1 1901</u> (Month) (Day) (Year)					
8. AGE: Years <u>56</u> Months <u>3</u> Days <u>2</u> (less than one day) _____ min.				Due to <u>No major Cox involved</u>	
9. Birthplace _____ (City, town, or county) (State or foreign country)				Due to <u>Vedestrian</u>	
10. Usual occupation _____				Fixed by <u>Prescription #30</u>	
11. Industry or business _____				Other conditions _____ (Include pregnancy within 3 months of death)	
12. Name _____				<b>ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED</b>	
13. Birthplace _____ (City, town, or county) (State or foreign country)				<b>PHYSICIAN</b>	
14. Maiden name _____				Underline the cause to which death should be charged statistically.	
15. Birthplace _____ (City, town, or county) (State or foreign country)					
16. (a) Informant _____				22. If death was due to external causes, fill in the following:	
(b) Address _____				(a) Accident, suicide, or homicide (specify) _____	
17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)				(b) Date of occurrence _____	
(c) Place: burial or cremation _____				(c) Where did injury occur? _____ (City or town) (County) (State)	
18. (a) Signature of funeral director _____				(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____	
(b) Address _____				While at work? _____ (Specify type of place) _____ (c) Means of injury _____	
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)				23. Signature <u>P. B. Leeper</u> (M. D. or other) <u>Amos</u>	
				Address <u>Richland Mo.</u> Date signed <u>3/2/45</u>	

SUPPLEMENTARY

17857