S. No. 2
I—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33373

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. ~~339~~ 338

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1432 Cousin Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Since 1922

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1432 Cousin Street 4
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Belle Bollinger
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James C. Bollinger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 18th (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	27	hr. min.

9. Birthplace Centerville (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Ethridge
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Catherine Longly
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. A. R. Phillips
(b) Address Oak Ridge, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights Cemt.
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 10-22-1945 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th year 1945 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from 10/13 1945, to 10/15 1945, that I last saw h. alive on 10/15 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
My Condition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (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 [illegible] (M. D. or other)
Address Cape Girardeau Date signed 10/20/45

1509 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1145-126
Date Filed 11-6-45

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 Lee Townes, Registered Apprentice No. 376, working under my personal supervision.

Signed L. L. Hamm

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missour

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.