

FILED DEC 22 1945

Registration District No. _____

Primary Registration District No. 5315

Registrar's No. 8

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town SALINE TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town SALINE TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BOLES

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Boles 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MARCH 25 - 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

MOTHER FATHER { 12. Name WILLIAM BOLES
13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant MRS WINIFRED ALLEN

(b) Address BOONVILLE, Mo.

17. (a) BURIAL (b) Date thereof 11/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) H-30-21 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 26 th
year 1945 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from May 28
_____ 1943, to Nov 26 1945

that I last saw him alive on Nov 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)

Duration

12 hours

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. C. Tincher (M. D. or other) M. D.
Address Boonville Mo Date signed 11/28/45

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

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.