. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

FILED NOV 16 1945

State File No. 37302

Registration District No. 133 Primary Registration District No. 5486 Registrar's No. 86

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Rural Dallas Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (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: all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Harrison 41
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: Dallas Twp (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles H. Bolar
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mary Bolar
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Oct (Month) 22 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 19 If less than one day hr. min.

9. Birthplace: Sherman Twp Harrison Co Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Wm H. Bolar
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Evaline Boyce
MOTHER 15. Birthplace: Dell (City, town, or county) (State or foreign country)
16. (a) Informant: Boyce Bolar
(b) Address: Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Antioch Cemetery
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany Mo
19. (a) Oct. 12-1945 (Date received local registrar) (b) Zola Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1945 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 15 1945 to Oct 11 1945, that I last saw him alive on Oct 9 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Epithelioma of Lower jaw	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 45d
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: 0

23. Signature: G. M. Probst (M. D. or other) D.O.
Address: Bethany Mo. Date signed: Oct 12 1945

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(Licensed Embalmer's Statement on Reverse Side)

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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Albany 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.