

FILED DEC 7 1945

Registration District No. *205* Primary Registration District No. *4452* Registrar's No.

1. PLACE OF DEATH:

(a) County *Wentzville*

(b) City or town *Wentzville*
(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 *35*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* County *St. Charles*

(c) City or town *Plaint Hill*
(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 *John J. Bolland*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* *19* 19*45*
year *1945* hour *11* minute *0* P.M.

21. I hereby certify that I attended the deceased from *December* 19*42* to *Oct. 19* 19*45*
that I last saw him alive on *10/19* 19*45*
and that death occurred on the date and hour stated above.

4. Sex *Male*

5. Color or race _____

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

6. (b) Name of husband or wife *Frances Bolland*

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

7. Birth date of deceased *August 31 1874*
(Month) (Day) (Year)

Immediate cause of death *Central apoplexy* 48Hr.

Due to *Essential Hypertension* 3 yr.

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

71 *1* *19* hr. min.

9. Birthplace *Dardanus, State 1*
(City, town, or county) (State or foreign country)

10. Usual occupation *Postmaster*

Major findings: *850*

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name *William Bolland*

13. Birthplace *Ireland*
(City, town, or county) (State or foreign country)

14. Maiden name *Maher*

15. Birthplace *Ireland*
(City, town, or county) (State or foreign country)

16. (a) Informant *Frances Bolland*

(b) Address *Plaint Hill Mo*

17. (a) *Burial* (b) Date thereof *Oct 22 1945*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Plaint Hill Mo*

18. (a) Signature of funeral director *J. Pittman*

(b) Address *Wentzville Mo*

19. (a) *Nov. 20/45* (b) *John S. Gristel*
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature *H.C. McC Murray* M. D. or other *MD*

Address *Wentzville, Mo* Date signed *10/24/45*

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-6-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. E. Petman

Licensed Embalmer No. 2711

P. O. Address Westville, 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.