S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1200

FILED JAN 31 1946

Registration District No. 14

Primary Registration District No. 1002

Registrar's No. 128

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 620 EAST 74th TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -----

In this community: 55 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: 620 EAST 74th TERRACE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: -----

3. (a) PRINT FULL NAME: OSCAR BEN BOLT

3. (b) If veteran, name war: NO

3. (c) Social Security No. 490-16-2614

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: ANNA KEARDON BOLT

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

7. Birth date of deceased: NOV. (Month) 5 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	5	hr. min.

9. Birthplace: PEORIA (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: RETIRED MANAGER

11. Industry or business: PALACE CLOTHING CO

FATHER

12. Name: BENJAMIN B. BOLT

13. Birthplace: BAVERIA (City, town, or county) GERMANY (State or foreign country)

MOTHER

14. Maiden name: ELIZABETH SMITH

15. Birthplace: WINTERTHUR (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant: MISS MARY FRANCES BOLT

(b) Address: 620 EAST 74TH STREET TERRACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 14 1946 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director: O. K. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 1-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 10th year 1946 hour 4 minute 60 A. M.

21. I hereby certify that I attended the deceased from Jan. 9th, 1946 to Jan. 9th, 1946 that I last saw him alive on Jan 9th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio, Renal, Vascular,	
Due to Cancer of prostate.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51 b	
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: J. R. Hall (M. D. or other)

Address: 626 Latham Date signed 1-10-46

(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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.