

FILED JAN 30 1946

Registration District No. **33**

Primary Registration District No. **4499**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Shelbina**
(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 **5 Years** (Specify whether years, months or days)
In this community **5 Years**

3. (a) PRINT FULL NAME **Paul Boling**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Louisa Boling** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **January 31st 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **4** If less than one day hr. min.

9. Birthplace **Shelby Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farming**

12. Name **Henry Boling**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Schmidt**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Louisa Boling**

(b) Address **Shelbina Mo**

17. (a) **Burial** (b) Date thereof **12/7/45.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarence Mo**

18. (a) Signature of funeral director **Million & Barkelew**

(b) Address **Shelbina Mo**

19. (a) **1-5-45** (b) **Cluck Jorgensen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby 102**
(c) City or town **Shelbina**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **5th**
year **1945** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **3-4-32** 19 to **12-4-45** 19;
that I last saw him alive on **12-4-45** 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-Vascular disease** Duration **7 yrs.**

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) **93d**
(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 **A. M. Wood** (M. D. or other)
Address **Shelbina Mo** Date signed **12-29-45**

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

100658

RECEIVED

District Health Officer No. 10

District File Number 1-46-237

Date Filed JAN. 28, 1946

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.....

Licensed Embalmer No. 3835

P. O. Address.....

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.