V. S. No. 2
00M—5-43
ev. 5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10475

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(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
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond /
(If outside city or town limits, write "RURAL")
(d) Street No. 417 West Main St. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank T. Bollinger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Gurtrude Bollinger

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April. (Month) 24 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	16	hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jacob Bolinger
13. Birthplace Cape Girardeau (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Clemencie Blair
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Gertrude Bollinger
(b) Address Richmond. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar.14.1946 (Month) (Day) (Year)
(c) Place: burial or cremation Suny Slope.Cemetery

18. (a) Signature of funeral director C. Murray
(b) Address Richmond. Mo.

19. (a) March 15-46 (Date received local registrar) (b) M. Alul Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1946 hour 2 minute 25.P. M.

21. I hereby certify that I attended the deceased from 7-5-45, 19__, to 3-12-46, 19__; that I last saw him alive on 3-12-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Mitral Regurgitation	?

Major findings:
Of operations
Of autopsy 10

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 Thos J Cook (M. D. or other) XXX
Address Richmond, Mo. Date signed 3-15-46

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

9388

213 (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, ###.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.