V. S. No. 2
00M—2-43
ev. 5-17-39
1 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. 12001

FILED APR 12 1946

Registration District No. 2 66 Primary Registration District No. 6225 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Yr 1 Mo 18 days (Specify whether
In this community 1 Year 1 Month 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 107
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 916 E 8 (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country East Prussia

3. (a) PRINT FULL NAME FRANK BOLDA
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 17 (Month) 1866 (Day) (Year)

8. AGE: Years 79 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace East Prussia (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER
12. Name Michael Bolda
13. Birthplace West Prussia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anusha Culp
15. Birthplace West Prussia (City, town, or county) (State or foreign country)
16. (a) Informant Hospital records
(b) Address Nevada, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital cemetery
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo
19. (a) 3-12-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 10 year 1946 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from 2-24 1945 to 3-8 1946
that I last saw him alive on 3-8 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | |
| Due to | |
| Due to | |
| Other conditions Chronic Nephritis (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ✓ 131 | |
| Of autopsy Chron Myocarditis Chron Nephritis | |

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 R. G. Hall MD (M. D. or other)
Address Nevada, Mo. Date signed 3/8/46

331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Office No. 7,
[illegible] 3-46-313
[illegible] 4-5-46
Date Filed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

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

working under my personal supervision.

Signed Marsh Eechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.**