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5-17-39  
X35597

17179

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 12 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 79

Registration District No. \_\_\_\_\_ Primary Registration District No. J655

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 816 Frederick  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Bolick

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 6th  
year 1946 hour 5:50 minute A M.

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

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from April 30 19 46 to May 6th 19 46  
that I last saw him alive on May 6th 19 46  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 3 1878  
(Month) (Day) (Year)

Immediate cause of death  
Bronchogenic Carcinoma over 4 yrs

8. AGE: Years 68 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Building Construction

Major findings: Bronchogenic Ca metast. to lungs, pleura; hemiplegia  
Of aortic atherosclerosis; myocardial degeneration

11. Industry or business \_\_\_\_\_

12. Name Henry Bolick

13. Birthplace Unknown Penna  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Foster

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof May 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo

18. (a) Signature of funeral director Geo B Orr

(b) Address 214 Johnson Ave

19. (a) 4-20-46 (b) Dr. Helbert  
(Date received from registrar) (Registrar's signature)

22. If death was due to external causes, (a) 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) (e) Means of injury Other

23. Signature G. J. Foy, M.D. (M. D. or other)  
Address Mt. Vernon, Mo Date signed 5-6-46

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

159

646-661  
JUN 11 1948  
District of  
Date Filed

**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. 946

P. O. Address. 7 Mt. Vernon 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.**