No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29373

Registration District No. 360 Primary Registration District No. ~~3096~~ 6225 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years 11 mo (Specify whether years, months or days)
In this community Same and 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 108
(c) City or town Stockton (If outside city or town limits, write "RURAL")
(d) Street No. unknown (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MINNIE-BOLTON
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fem.
5. Color or race wh.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife S. H. Bolton
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Mar (Month) 25, (Day) 1875 (Year)

8. AGE: Years 71 Months 5 Days 4 If less than one day — hr. — min.

9. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation f. housewife
11. Industry or business none
FATHER
12. Name Richard Cox
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Sarah Julian
15. Birthplace unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-46 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Mo.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Stockton, Mo.
19. (a) 8-30-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1946 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Oct 1939 to Aug 29 1946 that I last saw her alive on Aug 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic
Due to Heart Disease
Due to
Other conditions Hypertension, senility (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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) No!
(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 0
23. Signature Paul L Barone (M. D. or other)
Address State Hosp 3 Date signed Aug 29 1946

231 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

District Health Officer No. 7

District File Number 8-46-903

Date Filed 9-4-46

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 Melvin Church

Licensed Embalmer No. 3292

P. O. Address Stockton 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.