

Registration District No. **32**

Primary Registration District No. **5716**

Registrar's No. **61**

**1. PLACE OF DEATH:**

(a) County **Bollinger**  
 (b) City or town **Paris Union Twp**  
 (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 **Life**  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

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

3. (a) PRINT FULL NAME **Henry Freeman Bollinger**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married divorced **Widowed**  
 6. (b) Name of husband or wife **Lecia Jane Bollinger** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Feb. 10 1862**  
 (Month) (Day) (Year)

8. AGE: **84** Years **10** Months **0** Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Bollinger County Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

MOTHER FATHER { 12. Name **Joseph M. Bollinger**  
 13. Birthplace **Bollinger Co. Mo.** (City, town, or county) (State or foreign country)  
 14. Maiden name **Percilla Bollinger**  
 15. Birthplace **Bollinger Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Lecia Hurry**  
 (b) Address **Sedgwickville Mo.**

17. (a) **Burial** (b) Date thereof **12/12/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedgwickville Mo.**

18. (a) Signature of funeral director **Mr. Corbin**

(b) Address **Paris Mo.**

19. (a) **Dec 12 1946** (b) **Willie H. Daulambough**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **December** day **10**  
 year **1946** hour **6:30** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw him alive on **road 12/10/46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

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

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

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

Major findings: Of operations **94A**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? **3** (Specify type of place) (a) Means of injury \_\_\_\_\_

Signature **John J. Murray** (M. D.)

Address **Paris Mo.** Date signed **12/12/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

VED

Health Officer No. 4

File Number 1246-29

Date 12-17-46

**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.....

*Thos. H. Allen*

Licensed Embalmer No. 40055

P. O. Address Jackson

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**