

FILED JAN 2 1947
Registration District No. 278

Primary Registration District No. 6024

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Elmira
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Yever William Bolton

3. (b) If veteran. name war _____ 3. (c) Social Security No. 487-07-0638

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cassie May Bolton 6. (c) Age of ~~husband~~ or wife if 39 years
7. Birth date of deceased MAY 11 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Pickens Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER { 12. Name William Bolton
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha Fisher
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bolton

(b) Address Elmira, Missouri

17. (a) Burial (b) Date thereof Dec 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Mo. Cemetery

18. (a) Signature of funeral director Janner-Pickard

(b) Address Lawson, Missouri

19. (a) Dec 26, 1946 (b) Mrs. Raymond How
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23
year 1946 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Nov 15, 1946, to Dec 23, 1946
that I last saw him alive on Dec 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion & Cardiac Failure
Due to Chronic cardio-renal disease
Due to _____

Duration

1 wk.
5 yrs

Other conditions (include pregnancy within 3 months of death) _____

Major findings:

Of operations _____
Of autopsy _____
1319

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? _____

While at work? _____ (Specify type of place)
() Means of injury _____

23. Signature Oletus E. Duesha (M. D. or other) _____
Address Lawson Date signed Dec 24, 1946

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

40543

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-31-46.....

FEB 25 1948

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..... *E E White*.....

Licensed Embalmer No. *4168*.....

P. O. Address.....

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.