

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 3 1947

Registration District No. **24**

Primary Registration District No. **5550**

1. PLACE OF DEATH:

(a) County **Bowling**

(b) City or town **Lenton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 hrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bowling**

(c) City or town **Lenton**
(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 **JAMES HOWARD BOLLOWAY**

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 **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 30 1947**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			7 hr. 0 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER

12. Name **Cargus J. Bolloway**

13. Birthplace **Lenton MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Grace Perkins**

15. Birthplace **Missouri Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father**

(b) Address **Lenton**

17. (a) **Burial** (b) Date thereof **1-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sanibel Land**

18. (a) Signature of funeral director **Wood**

(b) Address _____

19. (a) **Feb 17-47** (b) **Beatrice Cook**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **30**
year _____ hour **7** minute _____ M.

21. I hereby certify that I attended the deceased from **Birth**
1, 30 1947 to **1 30 1947**
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Injury at Birth**

Due to _____

Due to _____

Other conditions **1600**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury **0**

23. Signature **Estt Sanders** (M. D. ~~_____~~)
Address **Koshkong mo Rt 2** Date signed **2/2/47**

Estt Sanders

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

46
20

46
20

Cargus J. Bolloway Mo. 1/30/47

RECEIVED

District Health Officer No. 5,
District File Number 24791
Date Filed 2-28-47

APR 2 1947

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.....

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.