

S. No. 2
DM-8-43
v. 5-17-39
I X37823

5908

DEPARTMENT OF COMMERCE
BUREAU OF TRADE CERTIFICATES
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 39

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington, Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Annapolis 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Bolch

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1947 hour 5 minute 40 P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mathima Bolch

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 30 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-19 1947 to 2-10 1947
that I last saw him alive on 2-10 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Cardiac Insufficiency

Due to Arterio Sclerosis

Due to _____

9. Birthplace Iron Mountain Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

Other conditions Myocardial Infarction
(Include pregnancy within 8 months of death)

Major findings: Myocardial Infarction

Of operations _____

Of autopsy None 37A

11. Industry or business _____

12. Name Cicero Bolch

13. Birthplace Hickory North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

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 _____

16. (a) Informant Mrs. C.E. Bolch

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. Wade Ironton Missouri

19. (a) 2-12-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 2-11-47

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

4
4
1

289

RECEIVED

Health Officer No. 4

File Number 247-251

2-21-47

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 *Paul J. White*

Licensed Embalmer No. 3012

P. O. Address *Imperial Ave.*

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.