

Registration District No. **46** Primary Registration District No. **5153**

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

1. PLACE OF DEATH: **Caldwell**
 (a) County **Caldwell**
 (b) City or town **Kingsport Imp. Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **County Home 5**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 years**
 In this community **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jerome B Bolen**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Bettie Splawon**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Mar 24 1863**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **New Plymouth Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

MOTHER FATHER
 11. Industry or business _____
 12. Name **Elias Bolen**
 13. Birthplace **New Plymouth Ohio**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lucina Libbidge**
 15. Birthplace **New Plymouth Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Matile**
 (b) Address **Wellsville 7 causes**
 17. (a) **Rural** (b) Date thereof **Mar 10 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Wellsville, Kans.**

18. (a) Signature of funeral director **Brown Funeral Home**
 (b) Address **Hamilton Mo.**
 19. (a) **Mar 12/47** (b) **Gladys Jones**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Caldwell**
 (c) City or town **Rural**
 (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar** day **8th**
 year **1947** hour **10** minute **50 P.M.**
 21. I hereby certify that I attended the deceased from **3-4-47**
 _____, 19____, to _____, 19____;
 that I last saw him alive on **3-4-47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**
 Due to **Cerebral apoplexy unknown**
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations **GBA**
 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 _____
 23. Signature **Frank R. Daley** (M. D. or other **M.D.**)
 Address **Hamilton Mo.** Date signed **3-12-47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

P. Lester Bram, Registered Apprentice No. *456*

working under my personal supervision.

Signed.....

P. J. Bram

Licensed Embalmer No. *3052*

P. O. Address. *Hamilton 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.