

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

Rev. 5-17-39  
N. B. 1 sheet

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 28 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

37348

Registrar's No. 79

Registration District No. \_\_\_\_\_

Primary Registration District No. 5189

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town rural Whitewater 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 25 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 211 South East Of Millersville  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Joseph William Bollinger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-03-1618

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud May Seabaugh 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 17 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	8	29	hr. min.

9. Birthplace Bollinger Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Henry Bollinger  
 { 13. Birthplace Bollinger Co MO  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Witt  
 { 15. Birthplace Bollinger Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Maud Bollinger  
 (b) Address Jackson Mo RR 6

17. (a) Burial (b) Date thereof Nov 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bed ewickville Cem

18. (a) Signature of funeral director Wilson Stattle Seabaugh  
 (b) Address Jackson Mo

19. (a) 11-17-47 (b) D. G. Hubert  
(Date received local registrar) (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from July, 1947 to Nov 16, 1947  
 that I last saw her alive on Nov 16, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Distress Duration 3 1/2 hrs

Due to Death

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

Other conditions 112  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 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? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature D. G. Hubert (M. D. or Ch. D.)  
 Address Jackson Mo Date signed 11-17-47

RECEIVED

Health Officer No. 4

Number 1147-148

11-26-47

DEC 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 W. H. Foster

Licensed Embalmer No. 3568

P. O. Address Cape Hen, Md

**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, above space should be left blank.**