S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 72

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5359

State File No. 41259

Registrar's No. 136

1. PLACE OF DEATH:
(a) County: Daviess
(b) City or town: "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles South West Jameson Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Daviess
(c) City or town: "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 Miles South West Jamesnn Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Ann Bolar
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harley F. Bolar
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: July (Month) 8 (Day) 1877 (Year)

8. AGE: Years 70 | Months 5 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Ray County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own Home

MOTHER FATHER
12. Name: Willis Basham
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Frances Boyer
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Harley F. Bolar
(b) Address: Jameson, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Brown Cemetery
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Mo.
19. (a) 27 Dec. 1947 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1947 hour 10 minute p. M.
21. I hereby certify that I attended the deceased from Dec. 8, 1947, to Dec. 15, 1947, that I last saw her alive on Dec. 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bulbar Paralysis	7 days
Due to: Cerebral Hemorrhage	"
Due to: Essential Hypertension	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 83A	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 2
23. Signature: Floyd C. Nelson M.D. (or other)
Address: Gallatin Mo. Date signed: 12-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed L. O. Nicholson

Licensed Embalmer No. 3397

P. O. Address Gallatin, 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.