1/47
17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 11302

FILED MAR 24 1948

Registration District No. 5 6

Primary Registration District No. 4535

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Mineral Point (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Mineral Point (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 Henry Jolly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan (Month) 5 (Day) 1881 (Year)

8. AGE: Years 67 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Washington County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Lee Jolly

13. Birthplace Washington County Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Alline Mohler

15. Birthplace Washington County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Jolly

(b) Address Mineral Point Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 48 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Missouri

18. (a) Signature of funeral director Boyer funeral home

(b) Address Potosi Missouri

19. (a) 3/16/48 (Date received local registrar) (b) Helen Kindall (Registrar's signature) 40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 4 minute 17 M.

21. I hereby certify that I attended the deceased from 3-10, 1948, to 3-13, 1948 that I last saw him alive on 3-12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of gall bladder	
Due to: Chronic infected gall bladder - liver enlarged	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

23. Signature Joseph L. Thurman (M. D. ~~or other~~)

Address Potosi, Mo. Date signed 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

EIVED

Health Officer No. 4

File Number 348-381

Date Filed 3-23-48

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 Howard C. Higginbotham, Registered Apprentice No. 53, working under my personal supervision.

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Missouri

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.