S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1948

Registration District No. 1000

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5391

State File No. 12013

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Joy 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 1 (Specify whether years, months or days)
In this community Two Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33 0

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leander-Franklin-Bolinger

3. (b) If veteran, name war 0

3. (c) Social Security No. 314-09-4374A

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Laura Bolinger

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

7. Birth date of deceased March (Month) 12 (Day) 1869 (Year)

8. AGE: Years 79 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Huntington Co. (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Henry Bolinger

13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Mary Magdalene Bolinger

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

16. (a) Informant Russell Bolinger

(b) Address Joy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Berry Cemetery

18. (a) Signature of funeral director Wilson & Hanthorn

(b) Address Salem Mo.

19. (a) April 14-48 (Date received local registrar) (b) M. M. Hart MD (47M) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 12, 1948, to , 19 ; that I last saw h sic alive on March 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy None	

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? (Specify type of place)
While at work? 0 (e) Means of Injury

23. Signature Lisbeth Randall (M. D. or other) MD
Address Lockwood Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 548298
Date Filed 5-8-48

JUN 29 1948

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.....
Edward F Brayles 4435 Registered Apprentice No. 4435
working under my personal supervision.

Signed Lee C Franklin
Licensed Embalmer No. 3472
P. O. Address Ellsinore 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.