

FILED SEP 9 1948

Registration District No. **22**Primary Registration District No. **5715**Registrar's No. **64**

1. PLACE OF DEATH:

- (a) County **Bollinger**
 (b) City, or town **Burke**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **5 miles South Sedgewickville**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Entire Life** (Specify whether)
 In this community **Entire Life** (years, months or days)

3. (a) PRINT FULL NAME **NANCY CHANDLER BOLLINGER**3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Daniel Bollinger** 6. (c) Age of husband or wife if alive **✓** years
 7. Birth date of deceased **May 12 1861**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 18 hr. min.

9. Birthplace **Scopus Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **House Keeping**

11. Industry or business

12. Name **Anderson & Chandler**
 13. Birthplace **Scopus Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Marta Russell**
 15. Birthplace **Scopus Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Edwin Bollinger**(b) Address **Sedgewickville Mo.**17. (a) **Burial** (b) Date thereof **Sept 1, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **First Cemetery**18. (a) Signature of funeral director **Miller**(b) Address **Jackson Mo.**19. (a) **Sept 4-48** (b) **Willie Vandenberg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Bollinger**
 (c) City or town **Burke**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5 miles South Sedgewickville**
 (If rural, give location)
 (e) Citizen of foreign country? **✓** (Yes or No)
 If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **30** year **1948** hour **8** minute **20** P.M.21. I hereby certify that I attended the deceased from **Aug 14, 1948** to **Aug 30, 1948**.
 that I last saw her alive on **Aug 27th** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension, Paralysis**
 Due to **Infarction of old age**
 Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations **83 P**
 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) (c) Means of injury

23. Signature **Edw Crites** (M. D. **✓**)
 Address **Sedgewickville Mo.** Date signed **9/31/48**

RECEIVED

District Health Officer No. 4
District File Number 948-1125
Date Filed 9-2-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Gene C. Cranoft

Licensed Embalmer No.

4327

P. O. Address

Suburban, Va.

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.