

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 25744

FILED SEP 15 1948

Registration District No. 29Primary Registration District No. 5272Registrar's No. 22

1. PLACE OF DEATH:

(a) County CHRISTIAN
 (b) City or town NIXA "RURAL" PORTER
 (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 _____
 In this community LIFE (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME MARTHA VIRGINIA BOLIN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jerome Cicero Bolin 6. (c) Age of husband or wife if alive 79 years7. Birth date of deceased 10 12 1867
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 10 17 hr. _____ min.9. Birthplace Nixa Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name James Wright Edwards
 18. Birthplace Tenn. /
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Susan A. Sink
 15. Birthplace Missouri /
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address Wzark, Mo. "Rural"17. (a) Burial (b) Date thereof 8-31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation McConnell, Nixa, Mo.18. (a) Signature of funeral director John Dean Harris(b) Address Clever, Mo.19. (a) Sept. 1, 1948 (b) Allene Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22
 (c) City or town Nixa "Rural" /
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour Seven minute 40 A. M.21. I hereby certify that I attended the deceased from 29 Aug 1948
that I last saw him alive on arrival of plane 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral heart disease (presumably) Duration Unknown (1 day)

Due to _____

Due to _____

Other conditions _____
(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 _____23. Signature J. D. Renner (M. D. or other) M.D.Address Wzark, Mo Date signed 30 Sept 1948

N. B.—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.

RECEIVED

District Health Officer No. 6;

District File Number 948-1047

Date Filed SEP 12 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.....

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

Signed John Dean Harris
Licensed Embalmer No. 4390
P. O. Address Clever, 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, above space should be left blank.