-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 29243

FILED SEP 17 1948

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 204

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether
In this community: 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 812 Jefferson St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Melvin Cordell Boltz
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married
6. (b) ~~Name of husband or~~ wife: Ida Boltz
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: April (Month) 13 (Day) 1882 (Year)

8. AGE: Years 66 | Months 5 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace: Miller County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Nightwatchman
11. Industry or business: Clothing
FATHER
12. Name: Melvin Cordell Boltz
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Margaret Evans
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Floyd Boltz
(b) Address: R.T. 2 Jefferson City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 7 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Boltz Cemetery Brumley Mo.
18. (a) Signature of funeral director: Tanner Serv.
(b) Address: 700 Jefferson St.
19. (a) 9-7-48 (Date received local registrar) (b) R. P. Darrio MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1948 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from Aug. 27, 1948 to Sept. 5, 1948; that I last saw him alive on Sept. 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism
Due to: Mural thrombus
Due to: Auricular Fibrillation
Other conditions: Hypertensive Heart Disease (Include pregnancy within 3 months of death)
Major findings: Of operations: 93 E
Of autopsy: as above

Duration

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: 0

23. Signature: A. Ossman MD (M. D. or other)
Address: Jefferson City Mo. Date signed 9-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number SEP 15 1948
Date Filed

OCT 1 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 Donald P. Freeman Registered Apprentice No. 481 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3641

P. O. Address James

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.