

No. 2  
-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31743

State File No. ....

FILED OCT 6 1948  
Registration District No. 987

Primary Registration District No. 4497

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Clarence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Eno Charles Boling

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 Grace Boling 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Oct 28th 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Lentner Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name Henry Boling  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Smith  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Boling  
(b) Address Clarence Mo.

17. (a) Burial (b) Date thereof 9/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Clarence Mo

18. (a) Signature of funeral director Million & Barkelew

(b) Address Clarence Mo

19. (a) Oct 1-48 (b) Rich Jansen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20th  
year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 1948 to Sept 20 1948  
that I last saw him alive on Sept 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Duration 3 yrs

Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (S) (R)  
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? Yes (Specify type of place) Clarence Mo  
(Specify means of injury) Clarence Mo  
23. Signature Clarence Mo  
Address Clarence Mo Date signed 9/21/48

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

2  
6

RECEIVED

District Health Officer No.

District File Number 10-48-17

Date Filed OCT 5 - 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.....

Licensed Embalmer No. 3835

P. O. Address Shelburne - 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.