

0. 2  
2-43  
7-39  
X33897

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 5 1949

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42242

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada City Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days) 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 319 E Cherry  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country in

3. (a) PRINT FULL NAME William Perntice Bolin

3. (b) If veteran, Spanish American War, name war National guard, (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. divorced

6. (b) Name of husband or wife Abbie Bolin 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 11 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Glossdale Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Turret Coat Operator

11. Industry or business

12. Name John W. Bolin

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

14. Maiden name Beaman

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

16. (a) Informant Mrs Abbie Bolin (wife)

(b) Address 319 E Cherry St, Nevada, Mo

17. (a) Removal (b) Date thereof 12 17 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director Allen J. Ray  
(b) Address Nevada, Mo.

19. (a) 12-30-48 (b) Wathyn Yancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15  
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1948 to Dec 15, 1948  
that I last saw him alive on Dec 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion  
Due to Duodenal ulcer  
Due to

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: 17B  
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 0

23. Signature PR King (M. D. or other) 0  
Address Nevada, Mo Date signed 12-16-48

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 12-48-1514

Date Filed 1-5-49

---

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.....

Bert B. Bennett, Registered Apprentice No. 83  
working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada

**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.**