

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12893

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion	
c. LENGTH OF STAY (in this place) 25 Yrs.		d. STREET ADDRESS (If rural, give location) Carthage Route #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage Route #4		d. STREET ADDRESS (If rural, give location) Carthage Route #4	
3. NAME OF DECEASED (Type or Print) a. (First) Eva		b. (Middle) May	
c. (Last) BOLIN		4. DATE OF DEATH (Month) (Day) (Year) April 7, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1871
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HRS. Hours 4 Mins. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Platt County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Lynn Temple	
13b. MOTHER'S MAIDEN NAME Mollie Green		14. NAME OF HUSBAND OR WIFE Jeremiah Bolin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Staats		ADDRESS Route #4 Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronica		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES interstitial			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Senility 42			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Mar 1946, to April 7, 1949 , that I last saw the deceased alive on April 2, 1949 , and that death occurred at 6A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George H. Wood MD		23b. ADDRESS Carthage Mo	
23c. DATE SIGNED Apr 7 '49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1949	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. April 9 '49		REGISTRAR'S SIGNATURE L. B. Clinton	
25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer		ADDRESS Carthage, Mo.	

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

Wood
3-9-49

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 _____

Student Embalmer No. 262

working under my personal supervision.

Signed Donald L. Roberts
Student Embalmer

Signed John S. Penneby
Licensed Embalmer No. 4194

P. O. Address _____

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.