

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36926**
4568

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 18 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7300 Virginia		d. STREET ADDRESS (If rural, give location) 7300 Virginia	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) E.	c. (Last) BOLLIN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950
---	-----------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1866	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kickapoo, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	-----------------------------------	--	---

13a. FATHER'S NAME Frederick Hoberg	13b. MOTHER'S MAIDEN NAME Elizabeth Litch	14. NAME OF HUSBAND OR WIFE John Bollin
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mary J. Bollin Kansas City, Mo.	
---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Recurrent)		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture rh. femur Aug 13-1950		331X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, mo
--	---	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-13-1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home
--	---	---

22. I hereby certify that I attended the deceased from **Mar 24, 1950** to **Oct 30, 1950**, that I last saw the deceased alive on **Oct 24, 1950** and that death occurred at **10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert S. Valentine (Degree or title) O. M. D.	23b. ADDRESS 1124 Profound St	23c. DATE SIGNED 10/31/50
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-31-50	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Kickapoo, Kansas
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. 10-31-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

