

42
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(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, all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. Mrs Reno home
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PERCE BOLINGER

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 1942 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from 12-3-40 1940 to 7-31 1942 that I last saw him alive on 7-31 1942 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race w

6. (a) Single, widowed, married, divorced mar

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 3 1872
(Month) (Day) (Year)

Immediate cause of death Basal Cell Carcinoma of Face

Duration 2 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 70 Months 6 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings: Of operations 53

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Wm W Bolinger

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

14. Maiden name Eulalia Lowden

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

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)

(b) Means of injury _____

23. Signature Ernest J. Heald (D. or other) med
Address Clinton mo Date signed 8-2-42

16. (a) Informant Mrs Bolinger

(b) Address Clinton mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof Aug 2 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director Consolus Beck

(b) Address Clinton mo

19. (a) Aug 2 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 9-42-1006

Date Filed 9-10-42

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

J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.