

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25545

State File No. ....

FILED AUG 13 1943

Registration District No. 234

Primary Registration District No. 3046

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Moniteau Co  
(b) City or town California, Mo. Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
701 West St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Louin Bolin

3. (b) If veteran, name war. No 3. (c) Social Security No. No

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

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

7. Birth date of deceased Sept 8 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 26  
hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Abner Brizentine

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

14. Maiden name Unknown

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

16. (a) Informant Freddie L. Bolin

(b) Address Burial California Mo.

17. (a) Burial (b) Date thereof Aug. 6. 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemt. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 8-4-43 (b) A. J. Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 West St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd  
year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from death  
when first seen 19.....; 19.....;  
that I last saw him..... alive on..... 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Angina pectoris 1 year

Due to.....

Due to.....

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

Major findings:  
Of operations.....

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? (Specify type of place)  
(e) Means of injury.....

23. Signature Raymond Latham (M. D. or other)  
Address California, Mo. Date signed 8-4-43

1312 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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

*Earl R. Boulton*

Licensed Embalmer No.

*2126*

P. O. Address

*California, Ill.*

**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.**