

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 9 1947  
224

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10058

State File No.

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Moniteau  
California

(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Rural Walker 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Jacob Russell Bolinger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Mar. 27 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 29 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

9. Birthplace Moniteau Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Bolinger /

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

14. Maiden name Myres /

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

16. (a) Informant Albert Bolinger

(b) Address California Mo.

17. (a) Burial (b) Date thereof 3/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Spring Cem.

18. (a) Signature of funeral director Williams Funeral Home  
(b) Address California Mo.

19. (a) 4-1-47 (b) D.R. Popojoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 15  
1947 to March 25, 1947  
that I last saw him alive on March 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Duration 1 day

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)

(c) Means of injury \_\_\_\_\_

23. Signature Keryon Latham (M. D. or other) \_\_\_\_\_  
Address California, Mo Date signed 3-27-47

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

68  
0  
0

202

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**  
District Health Officer No. 3,  
District File Number 4-8-47  
Date Filed

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**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.....

*M. C. Friedman*

Licensed Embalmer No. 2854

P. O. Address California 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.**