

FILED FEB 24 1944

Registration District No. _____

Primary Registration District No. _____

30465796

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Walter Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lodna Bollinger

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

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

6. (b) Name of husband or wife Jacob Bollinger 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased Apr 24 1874 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Birdsong
13. Birthplace Moniteau Mo (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Dow
15. Birthplace Dont know (City, town, or county) (State or foreign country)

16. (a) Informant Jacob Bollinger

(b) Address California, Mo

17. (a) Burial (b) Date thereof 1/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director William H. Spurgeon

(b) Address California, Mo

19. (a) 1-24-44 (b) G. J. Allen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1944 Hour 9 minute 25-4 M.

21. I hereby certify that I attended the deceased from Sept, 1941, to January 24, 1944

that I last saw her alive on January 24, 1944 and that death occurred on the day and hour stated above.

Immediate cause of death Intestinal obstruction due to strangulated umbilical hernia
Due to _____

Duration

1 day

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 12/28
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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature Henry Latham (M. D. or other) _____
Address California, Mo Date signed 1-24-44

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

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

Hugh R. E. Williams

Licensed Embalmer No.

3537

P. O. Address

California M

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.