

FILED APR 28 1944

Registration District No. 224

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 15247

Registrar's No. 168

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:
Taylor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Latham Hospital
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAMEHarry Truman Bolin3. (b) If veteran,
name war No3. (c) Social Security
No. 495-05-8734

4. Sex Male 5. Color or
face White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Rachel Bolin
6. (c) Age of husband or wife if
alive 50 years
7. Birth date of deceased Aug 12 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 19 hr. min.

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

10. Usual occupation Work at Woolen Mills

11. Industry or business

12. Name Lafayett Bolin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louin Brizentine
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry T. Bolin
(b) Address California, Mo.
17. (a) Burial (b) Date thereof April 2, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cent, California

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 4-3-1944 (b) R. J. Ables
(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. Taylor 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 March day 31
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 26, 1944, to March 31, 1944,
that I last saw him alive on March 31, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the
Cecum - rectum

Duration

2 monthsDue to metastases

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Cecum

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Kenneth Latham (M. D. or other)
Address California, Mo. Date signed 4-3-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4.27.44

MAY 4 1944

MAY 2 1944

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. Bowlin

Licensed Embalmer No. 2126

P. O. Address Salisbury

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.