

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37775

FILED DEC 9 1946

Primary Registration District No. 57963041

Registrar's No. 21

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:
Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hr
Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Mary Alice 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 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 0 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Brownie W. Bolin
13. Birthplace Moniteau Co (City, town, or county) (State or foreign country)
14. Maiden name Emma F. Pierson
15. Birthplace Nebraska (City, town, or county) (State or foreign country)

16. (a) Informant Walter Bolin

(b) Address California Mo

17. (a) Burial (b) Date thereof Nov. 12, 1946
(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) 11-12-46 (b) R.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural Walker Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Jamestown Star rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10
year 1946 hour 5/15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 10
19 46 to Nov 10 19 46
that I last saw her alive on Nov 10 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Burn of entire body Duration 10 hours

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Nov 10-1946

(c) Where did injury occur? Rural Moniteau Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home 3 mi N of California, Mo

While at work? no (Specify type of place) (e) Means of injury Kerosene fire

23. Signature Kerron Latham MD (M. D. or other) 11-11-46

Address California, Mo Date signed 11-11-46

RECEIVED

District Health Officer No. 9,
District File Number
Date Filed 12-6-46

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.

Not Embalmed

Signed... *Earl R. Paulin*

Licensed Embalmer No. *2126*

P. O. Address *Caligonia, 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.