

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18183

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 36

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:
606 South Taylor, Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 10 Hrs
(Specify whether
In this community... Life
years, months or days)

3. (a) PRINT FULL NAME Walter Earl Bolin

3. (b) If veteran, name war War 2 3. (c) Social Security No. 496.07.1559

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

6. (b) Name of husband or wife Mary Bolin 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased April 13 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 1 16 hr. min.

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

10. Usual occupation Work in wollen Mill

11. Industry or business

12. Name Brownie Bolin

13. Birthplace Moniteau Co (State or foreign country)

14. Maiden name Emma Pierson (State or foreign country)

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

16. (a) Informant Mary E. Bolin

(b) Address California, Mo

17. (a) Burial (b) Date thereof June 1, 1947
(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) 5-31-47 (b) HR Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 606 South Taylor 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1947 hour 4/12 minute A M.

21. I hereby certify that I attended the deceased from May 28
1947, to May 29 1947;
that I last saw him alive on May 29 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Crushing injury to chest and internal 11 hours
injuries due to
fall in dirt wall.
Due to conveying body.

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 68
(b) Date of occurrence May 28 - 1947
(c) Where did injury occur California Moniteau Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In sewer ditch in California, Mo
While at work yes (Specify type of place) (e) Means of injury Dirt cave

23. Signature Kernon Latham (M. D. or other) 1
Address California, Mo Date signed 5-31-47

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed JUN 3 1947

JUN 11 1947

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Ebenezer R. Poulin

Licensed Embalmer No. 2126

P. O. Address Calisoma, Me

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.