

SEP 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29614  
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3026 Registered No. 110  
 (c) City Chillicothe (d) Street No. 107 Twelfth St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Ann Bolander

(a) Residence, No. 107 Twelfth St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas L. Bolander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galt, Missouri

FATHER 13. NAME Bengleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER 15. MAIDEN NAME Emeline Elizabeth Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Mrs. Harry Smith Moline, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 9-4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank B. Norman Chillicothe, Missouri

20. FILED Sept 4 1939 H. M. Mace, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to 9-1-39

I last saw her alive on 8-31-39, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance: 102

Name of operation Autopsy Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Reuben Berney, M.D. (Address) Chillicothe, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

CHILLICOTHE OFFICE No. 11

939-1151

Date Filed SEP-8 1939

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, .....

Elton F. Norman & E. R. Norman (2374), or by .....

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

Signed *Elton F. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, above space should be left blank.