

FILED APR 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10532

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
320 N. Sprigg St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 60 years
 years, months or days)

8. (a) PRINT FULL NAME George Bollinger 452

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Eva Bollinger 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased January 3, 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 2 29 hr. min.9. Birthplace Bollinger County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Operated restaurant.

11. Industry or business _____

12. Name George Bollinger13. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Helen Bollinger (daughter)(b) Address 320 N. Sprigg, Cape Girardeau17. (a) Burial (b) Date thereof April, 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairmont Cemetery18. (a) Signature of funeral director F. J. Sparks(b) Address Cape Girardeau, Mo. 12119. (a) 4-1-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 320 N. Sprigg St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 40 hour 8.20 minute p.m.21. I hereby certify that I attended the deceased from
3-27- 1940, to 4-1- 1940
that I last saw him alive on 4-1-40
and that death occurred on the date and hour stated above.
Immediate cause of death UremiaDue to Urinary Retention

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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)
(a) Means of injury _____23. Signature M. A. Lingal (M. D. or other)
Address 17 N. Sprigg St Cape Girardeau signed 4-2-40
Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

132

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.....
Frank J. Sparks....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Frank J. Sparks
Licensed Embalmer No: *3455*
P. O. Address: *Cape Sable*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10532

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

George Ballinger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

67

2

29

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death uremia

Due to urinary Retention

Due to Chronic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death) 191

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature M. A. Fingal (M. D. or other) _____

Address Cape Girardeau Date Jan 1940

SUPPLEMENTARY

S-10532 1940