No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37744

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4342

FILED DEC 11 1940

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

**1. PLACE OF DEATH:**

(a) County Jackson County

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Three Months years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Johnson

(c) City or town Merriman
(If outside city or town limits write "RURAL")

(d) Street No. 5812 Kessler Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Sally Lovina Bolt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August 7, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None 1

11. Industry or business 0

FATHER
12. Name James J. Bolt
13. Birthplace Mineral, Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Betz
15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Bolt
(b) Address 5812 Kessler Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Monticello Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address Kansas City, Missouri

19. (a) 11-15-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 12
year 1940 hour 7 minute 25 P M.

21. I hereby certify that I attended the deceased from Nov 11 1940 to Nov 12, 1940
that I last saw her alive on Nov 12, 1940
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Streptococcus neumonia | |
| Due to Streptococcus Sore Throat | |
| Due to 115 C | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of. operations
Of autopsy Yes

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? Infant (Specify type of place)
While at work? — (e) Means of injury 1

23. Signature M S Hill M.D. (M. D. or other)
Address 734 Argyle Date signed 11/14/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Myrtle Hall

## 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 Chas Wilfs

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**