S. No. 2
—1-4-41
5-17-39
PI X28390

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

FILED JUL 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22050

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 102

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 331 days (Specify whether years, months or days)

In this community 331 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Route 8, Box 112
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gladys Bolt

3. (b) If veteran name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Rufus Bolt 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased March (Month) 5 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
32	3	22	hr. min.

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

10. Usual occupation Power Machine Operator

11. Industry or business Unknown

FATHER
12. Name Thomas L. Griffith
13. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margie Gilland
15. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Thieme Funeral Home
(b) Address 1100 Boonville, Springfield, Mo

19. (a) 6-28-41 (Date received local registrar) (b) P.A. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1941 hour 1:35 minute A M.

21. I hereby certify that I attended the deceased from July 31, 1940 to June 28th, 1941 that I last saw her alive on June 27th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
	Abt
~~Due to~~ Pulmonary tuberculosis	18 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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23. Signature [illegible] (M. D. or other) M.D.
Address Mt Vernon Mo Date signed 6/28/41

(Licensed Embalmer's Statement on Reverse Side)

501

RECEIVED
District Health Officer No. 6,
District File Number 741-1037
Date Filed JUL 7 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.