

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

BUREAU OF THE CENSUS
FILED AUG 1 1941

Registration District No. **399**

Primary Registration District No. **10.2**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
451 Donnelly
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **25 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **451 Donnelly**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS ALBERT BOLLINGER**
3. (b) If veteran, name war **Nb** **3. (c) Social Security No.** **707-10-0328**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Nina Florence** **6. (c) Age of husband or wife if alive** **45** years
7. Birth date of deceased **May 14, 1891**
(Month) (Day) (Year)

8. AGE: Years **50** Months **22** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Railroad Engineer**

11. Industry or business **Chicago, Milwaukee & St. Paul**

12. Name **Jeff Bollinger**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **"**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Nina Bollinger**

(b) Address **451 Donnelly**

17. (a) Burial **(b) Date thereof** **July 17, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Washington Cemetery**

18. (a) Signature of funeral director **C. H. Lackman & Son, Inc.**
(b) Address **2825 Indep. Blvd. K. Mo.**

19. (a) 7-16-41 **(b) M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15** year **1941** hour **6** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **July 5, 1941**, to **July 15, 1941**, that I last saw him alive on **June 4, 1941**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** **75/39**
Duration

Due to **Hob**

Due to **468**

Other conditions **468**
(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? _____

While at work? _____ **(e) Means of injury** _____

23. Signature **W. E. ...** **(M. D. or other)**
Address **1122 Professional Bldg** **Date signed** **7/16/41**

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 A. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K C 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, fact should be so stated above.