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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38610

State File No. _____

FILED DEC 11 1941

Registration District No. 431

Primary Registration District No. 5591

Registrar's No. 145

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg, Rural Hazel Hill
(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, 73 yrs.
years, months or days

3. (a) PRINT FULL NAME Clara May Boland

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Saw Boland

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov 14 - 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name John A. Smith

13. Birthplace Aremont Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kemmerly

15. Birthplace Tremont Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Boland

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Nov-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Kelly

(b) Address Warrensburg, Mo.

19. (a) Nov-29-'41 (b) Leola M. Williams
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Warrensburg, Rural Hazel Hill
(If outside city or town limits, write "RURAL")

(d) Street No. Hazel Hill Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1941 hour 3:35 minute A M.

21. I hereby certify that I attended the deceased from June 2
1941, to Nov 27, 1941;

that I last saw her alive on Nov 26, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Renal thrombosis

Due to myocardial degeneration and atherosclerosis of the heart

Due to senility

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

Major findings: _____

Of operations 93d

Of autopsy _____

Duration 6 days

1 year

2

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 12

23. Signature O. H. Williams (M. D. or other) _____

Address Warrensburg, Mo. Date signed 11-28-41

RECEIVED

Sanriot Health Officer No. 8,

District File Number

Date Filed 12-60-41

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

Earl Priest,

Registered Apprentice No. ~~3878~~

working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.