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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37712

State File No. \_\_\_\_\_

FILED DEC 10 1942

Registration District No. 256

Primary Registration District No. 4388

Registrar's No. \_\_\_\_\_

7600

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamoss Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mitchell Martin Bolden

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-09-8761

4. Sex Male 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 8th 10 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 1 18 hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation Labor on Mo. P. Ry. Track

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Bolden

13. Birthplace Johnson Mo. Rural  
(City, town, or county) (State or foreign country)

14. Maiden name Faehnie Struck

15. Birthplace Jefferson City Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Beard

(b) Address Jefferson City Mo.

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof Oct 30 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Cathol St. Peter's Cemetery Jefferson City Mo.

18. (a) Signature of funeral director James Thomas

(b) Address 700 N. 1st St. Jefferson City Mo.

19. (a) Oct 29 1942 (Date received local registrar) (b) Esther Bolden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26

(c) City or town Johnson Mo. Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1942 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 Death due to injuries received as a result of being struck by train - Fractured Skull - Penetrating to Brain Tissue - Multiple fractures Compound of otherwise over entire body. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 169-8

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) Accident. 076

(b) Date of occurrence Oct. 28, 1942.

(c) Where did injury occur? Chamoss, Osage, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad tracks.  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury See above

23. Signature W. W. Wildman, Coroner. (M. D. or other)

Address Wetzel, Mo. Date signed 10/29/42

283  
143

570

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1943

**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. 3641

P. O. Address Juno

**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.**