

FILED JAN 30 1943
Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 32 & Summitt Street
(d) Length of stay: In hospital or institution Unknown
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2314 Vine
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Bolton
(b) If veteran, name war no
(c) Social Security No. Unknown

20. DATE OF DEATH: Month Jan day 15
year 1943 hour 3:15 minute P. M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John Bolton
(c) Age of husband or wife if alive 42 years

Immediate cause of death Chronic fibrosis
Due to Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased Dec. 1 1903
(Month) (Day) (Year)
8. AGE: Years 40 Months 1 Days 14
If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy yes
Underline the cause to which death should be charged statistically.

9. Birthplace Aberdeen, Miss.
10. Usual occupation None
11. Industry or business _____
12. Name Ethran Haynes
13. Birthplace Miss.
14. Maiden name Mary
15. Birthplace Miss.

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? _____
(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 _____
23. Signature M. M. Brown (M. D. or other)
Address 1832 7th Date signed 1-18-43

16. (a) Informant John Bolton
(b) Address 2314 Vine
17. (a) Burial (b) Date thereof Jan. 18 1943
(c) Place: burial or cremation Blue Ridge Lawn
18. (a) Signature of funeral director A. M. Hudson
(b) Address 1513 Troost
19. (a) 1-18-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

W. J. Harris, Sr.

Licensed Embalmer No.....

3388

P. O. Address.....

K. C. MD.

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.