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5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21534**  
Registrar's No. **150**

**FILED JUN 18 1943**  
Registration District No. **176**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Blue Mts  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Palmer Nursing Home - 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 4 months  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga

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

(d) Street No. 1717 Burgess  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fredrick Christian Boltz

3. (b) If veteran, name war no

3. (c) Social Security No. 713-07-3012

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Corra Mae Darling

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

7. Birth date of deceased May - 19 - 1871  
(Month) (Day) (Year)

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

71 17 11 hr. min.

9. Birthplace Unknown (City, town, or county)

Illinois (State or foreign country)

10. Usual occupation Stationary Engineer - Central RR.

11. Industry or business Railroad

12. Name Unknown

13. Birthplace Unknown (City, town, or county)

Illinois (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county)

Illinois (State or foreign country)

16. (a) Informant Mrs. Mina Darling M. Daniel

(b) Address 914 Linwood Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof May 1, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Ohio

18. (a) Signature of funeral director Clarence Regent

(b) Address Raytown Mo.

19. (a) 5-1-1943 (Date received local registrar)

James Weiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1943 hour 12 minute N M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Apr 30 1943

that I last saw him alive on Apr 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension from history

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

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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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Raymond M. Daniel (M. D. or other)

Address Raytown Mo Date signed 4-30-43

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**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.....

*E. Clark Hegert*

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri

**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.**