

**FILED FEB 8 1946**  
Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **12**

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **C. G. Ho. Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
In this community **25 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** County **Cape Girardeau**  
(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **524 South Newell**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **ANNA PEARL BOLEN**  
3. (b) If veteran, name war   
3. (c) Social Security No. **1**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **3**  
year **1946** hour **8** minute **45.0** M.  
21. I hereby certify that I attended the deceased from **12-15**, 19**45**, to **1-3-46**, 19**46**;  
that I last saw her alive on **1-3**, 19**46**;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Raymond Lee** 6. (c) Age of husband or wife if alive **28** years  
7. Birth date of deceased: **Dec 1 1914**  
(Month) (Day) (Year)

Immediate cause of death **Diffuse Peritonitis**  
Due to **Ruptured appendix 2 wks**  
Duration

8. AGE: Years **31** Months **1** Days **2** If less than one day hr. min.

9. Birthplace **Ann Arbor Mich**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Wife**

12. Name **Honora Lash**

13. Birthplace **Illinois Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Glennie Wiseman**

15. Birthplace **Cape Girardeau Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Bolen**

(b) Address **Cape Girardeau Mo**

17. (a) **Burial** (b) Date thereof **1-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lafayette**

18. (a) Signature of funeral director **Joe D. Newell**

(b) Address **Cape Girardeau Mo**

19. (a) **1-16-1946** (b) **C. G. Summers**  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **Generalized Diffuse Peritonitis**  
Of autopsy

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?  
(Specify type of place)  
While at work? (e) Means of injury

23. Signature **J. B. Elrod M.D.** (M. D. or other)  
Address **1000 Girardeau Mo.** Date signed **1/3/46**

MOTHER, FATHER

74

4  
246-16  
2-7-4

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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 W. H. Estes

Licensed Embalmer No. 3568.

P. O. Address. Cape Girardeau

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *Det*

Registration District No. *53*

Primary Registration District No. *3010*

Registrar's No. *12*

1. PLACE OF DEATH:

(a) County *Cape Girardeau*  
(b) City or town *Cape Girardeau*  
(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 years, months or days)

3. (a) PRINT FULL NAME *Anna P. Bolen*

3. (b) If veteran name war: 3. (c) Social Security No.

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *M*

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

7. Birth date of deceased *Dec* (Month) *10* (Day) *1946* (Year)

8. AGE: Years *31* Months Days If less than one day hr. min.

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

10. Usual occupation *Housewife*

11. Industry or business *Waitress*

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) *1-10-1946* (Date received local registrar) (b) *E. E. Summers* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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 *Dec* Day *10* Year *1946* hour *3* minute *30* M.

21. I hereby certify that I attended the deceased from *10* to *11* 19*46*

that I last saw him *alive* on *Dec 10* 19*46* and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (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? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

MOTHER, FATHER

2334