

FILED OCT 7 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution Methodist
(d) Length of stay: In hospital or institution 5 Days
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wentry 34
(c) City or town New Hampton Rural
(d) Street No. One and one half mile NW of New Hampton
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Ida D Wearn Boulting

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 Polmy Boulting / 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 9 1907

8. AGE: Years 38 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Wentry County MO

10. Usual occupation House Wife

11. Industry or business
12. Name George Patrick
13. Birthplace Wentry County MO
14. Maiden name Cora Siddens
15. Birthplace Wentry County MO

16. (a) Informant Polmy Boulting

(b) Address New Hampton

17. (a) Burial (b) Date thereof Oct 25 1946

(c) Place: burial or cremation Grand View Albany

18. (a) Signature of funeral director W. Y. Noble

(b) Address New Hampton MO

19. (a) Oct 2 1946 (b) J. P. Mettelink (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Sept 18 1946 to Sept 22 1946 that I last saw her alive on Sept 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism Duration 30 min
Due to Acute Cholecystitis 2 mo

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 0 Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0 0

23. Signature J. P. Ryan (M. D. or other) M.D. Address New Hampton MO Date signed 9.23.46

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

28385

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 ML

....., Registered Apprentice No.
working under my personal supervision.

Signed W. G. Noble

Licensed Embalmer No. 2984

P. O. Address New Hampton MO

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.