

FILED NOV 27 1946

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 423 E Bolivar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community about 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 423 E Bolivar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Willie Clay Bolden

3. (b) If veteran, name war None

3. (c) Social Security No. 491-056079

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 11 1946 to 11-11 1946
that I last saw h. LM alive on 11-11 1946 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathie Bolden 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased. Aug 3 1920
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration _____

8. AGE: Years 26 Months 3 Days 8 If less than one day hr. min.

Due to Cardiac Pathoma
Other conditions Nephritis
(Include pregnancy within 3 months of death)

9. Birthplace Monroe County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: Of operations _____
Of autopsy 102
Underline the cause to which death should be charged statistically.

11. Industry or business Brick Plant

12. Name Nelson Bolden

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

14. Maiden name Johanna Mitchell

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

16. (a) Informant Nelson Bolden Father

(b) Address 1019 S. Davis St

17. (a) Mexico Mo (b) Date thereof Nov 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery Mexico

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? _____

18. (a) Signature of funeral director Jackson & Barber
(b) Address 409 S. Walnut at Mexico Mo

(Specify type of place) While at work? _____ (e) Means of injury 2
23. Signature John C. Owens (M. D. or other) Do
Address Mexico Mo Date signed 11-13-46

19. (a) 11-14-1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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

34851

MAR 20 1947

RECEIVED
District Health Officer No. 10
DEPT. OF HEALTH
Date Filed NOV 26 1946

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.....
Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbus, Ga

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.