

FILED DEC 4 1946
Registration District No. **102**

Primary Registration District No. **102**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kearney City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary's Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kearney City
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Campbell
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Elva S. Bolean

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe / 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 6 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 07 Days 16 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business retired

MOTHER FATHER { 12. Name William Bolean
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Sarah Davis
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clark McFee
(b) Address 1800 Brownell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/46 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2738 Prospect

19. (a) 11-22-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1946 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1943 to Nov 19 1946; that I last saw him alive on Nov 7 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Debility
Due to Age + Cerebral Hemorrhage
about Oct 30.

Other conditions: Senile Phlysis
(Includes pregnancy within 3 months of death)

Major findings: Of operations [Signature]
Of autopsy [Signature]

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) (a) Means of injury [Signature]
23. Signature [Signature] (M. D. or other) 50
Address 1103 E Brown Date signed 11-28-46

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..... *Ray E Snow*.....
Licensed Embalmer No. *2520*.....
P. O. Address *K C 715*.....

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.