S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

3844
State File No.
Registrar's No. 39

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: Resident 421 E Boliver st (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Audrain
(c) City or town: Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 421 E Boliver (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nelson Bolden
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 491-05-6487
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sallie Bolden
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Oct (Month) (Day) 1845 (Year)
8. AGE: Years 71 Months 5 Days 1 If less than one day hr. min.
9. Birthplace: Strother Mo. (City, town, or county) Monroe Co. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Henry Bolden
FATHER 13. Birthplace: Platte Co. (City, town, or county) Va. (State or foreign country)
MOTHER 14. Maiden name: Nancy Bridgeford
MOTHER 15. Birthplace: State of Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: George Bolden Son
(b) Address: 421 E. Boliver st
17. (a) Burial: Mexico, Mo. (b) Date thereof: Mar 9 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood cemetery Mexico
18. (a) Signature of funeral director: Jackson Parker Funeral Home
(b) Address: 409 S. Walnut st By H. W. Jackson
19. (a) 3/9/47 (Date received local registrar) (b) Blanche Meely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-5 day 5 year 1947 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12-1-, 1944 to 3-5, 1947 that I last saw him alive on 3-5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: GB D
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? (Specify type of place)
While at work? (e) Means of injury: 0
Signature: A. L. Eaton (M. D. or other)
Address: Mexico, Mo. Date signed: 3-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
3-47-387
MAR 11 1947

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Silas P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.