

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16623

State File No. _____

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 682

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cook Road R.R.#3 St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 62 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Cook Road R.R.#3 St. Joseph, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Bollman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 21, 1947, to May 25, 1947;
that I last saw him alive on May 21, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine Bollman

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

7. Birth date of deceased January 29 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>82</u>	<u>3</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Myocardial Infarction (Coronary)

Due to arterio-sclerotic

Due to _____

Other conditions (Include pregnancy within 3 months of death) Pleurisy acute

Duration 4 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

10. Usual occupation Retired Employee

11. Industry or business Standard Oil Co.

12. Name William Bollman

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

14. Maiden name Unknown

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

Major findings: Of operations globe

Of autopsy _____

16. (a) Informant Mrs. Louis Hesnault

(b) Address R.R. #3 St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Jacob H. Jenkens

(b) Address 1046 Colhoun St. St. Joseph, Mo.

19. (a) May 27, 1947 (b) La. H. Jenkins
(Date received local registrar) (Registrar's signature) 293

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

23. Signature Frank H. Jenkens (M. D. or other) _____
Address 620 Duane Date signed 5/26/47

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

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.....
..... George Wingermuehle, Registered Apprentice No. 508 Missouri
working under my personal supervision.

Signed Albert E. Harrington
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, 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.