

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Farm (on State Fair Blvd)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Yancy Bolton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 2 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 24 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Yancy Bolton, sr.
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Norman Bolton

(b) Address 515 Lafayette, St. - Jefferson City

17. (a) Removal (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director J. Price Alexander

(b) Address 400 W. Cabler, Sedalia, Mo.

19. (a) 7-31-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Lafayette
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 9 minute P M.
21. I hereby certify that I viewed the deceased from 02:00 PM
July 20, 1948, to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Death, exhaustion & exposure
Due to Progressive mental down in mind

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) accident

(b) Date of occurrence July 26 1948

(c) Where did injury occur? Sedalia, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in a confined

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. T. L. Holder (M.D. or other) _____
Address 215 W. 1st St., Sedalia, Mo. Date signed 7/31/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 8-4-48

AUG 5

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 J. Price Alexander

Licensed Embalmer No. 4845

P. O. Address Sedalia, 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.