DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1948

Registration District No. 391

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25171

Primary Registration District No. 4505

Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bell City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 53 years

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

3. (a) PRINT FULL NAME: LONNIE BOLLINGER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Grace Bollinger
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 10 1885 (Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 3 If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: James Bollinger
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) (State or foreign country)
16. (a) Informant: Faye Bollinger
(b) Address: Bell City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove Cem
18. (a) Signature of funeral director: Lloyd S. Morgan
(b) Address: Advance Mo.
19. (a) 7-24-48 (Date received by local registrar) (b) Bernice Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from ..., 1938, to July 14, 1948, that I last saw him alive on July 14, 1948, 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:
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:

23. Signature: E. C. Masters (M. D. or other) Dr.
Address: Advance Mo. Date signed 7-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 848-9
Date Filed 8-5-

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 William H Morgan, Registered Apprentice No. 208 working under my personal supervision.

Signed Lloyd E. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.