

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
(c) City or town Annapolis 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Edward Bolch

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mathima Bolch 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 30 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Iron Mountain Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business \_\_\_\_\_

12. Name Cicero Bolch 1

13. Birthplace Hickory North Carolina 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. C.E. Bolch

(b) Address Annapolis Missouri

17. (a) burial (b) Date thereof 2-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. Wade Ironton Missouri

19. (a) 2-12-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1947 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-19 1947 to 2-10 1947  
that I last saw him alive on 2-10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency  
Due to Arterio Sclerosis

Due to \_\_\_\_\_  
Other conditions Hypertrophy of Heart  
(Includes pregnancy within 3 months of death)

Major findings: Hypertrophy of Heart  
Of operations \_\_\_\_\_  
Of autopsy None 37A

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) MD  
Address [Address] Date signed 2-11-47

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

RECEIVED

Health Officer No. 4

File Number 247-251

2-21-47

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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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Imperial Ave.

**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.**