WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41165

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson — Registration District No. — File No. 5548

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City, Mo (No. U. S. Veterans Hosp. St. Ward)

2. FULL NAME ROLLER, John S — C-None — S.A.W.

(a) Residence. No. 510 South 11th St. — Art. Co C 1st Nebr. N.G.

(Usual place of abode) Beatrice, Nebr. St., Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie M Roller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1868

7. AGE: Years 60 — Months 1 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Hospital Records

(Address) Kansas City Mo

15. FILED 12/31, 1928 M McCrowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 30 1928

17. I HEREBY CERTIFY, That I attended deceased from November 6, 1928, to December 30, 1928 that I last saw him alive on December 30, 1928 and that death occurred, on the date stated above, at 6:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach, inoperable

44a

46b

1 yr or more. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination.

(Signed) W. E. Chambers, Medical Officer in Charge

(Address) U.S.V.Hospital, Kansas City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Beatrice Neb. — DATE OF BURIAL: 12/31 1928

20. UNDERTAKER: The Taylor Funeral Home Inc — ADDRESS