JUL 25 [illegible]

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

23185
Do not use this space.

1. PLACE OF DEATH
(a) County WARREN. Registration District No. 881
(b) Township BRIDGE-PORT. Primary Registration District No. 6172 Registered No. 17
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARTHUR E. ROLLISON 425
(a) Residence, No. WARREN COUNTY, MISSOURI St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Ella ANDERSON Rollison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBRUARY 19, 1865.
7. AGE: YEARS 73 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 8, 1938.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BRADFORD Co, PA.

FATHER
13. NAME: W. H. ROLLISON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONTAGE, NEW JERSEY

MOTHER
15. MAIDEN NAME: Lydia A. PICKETT.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HERKIMER Co, N.J.

17. INFORMANT (ADDRESS): ANNIE RILEY 2814 WEST 11th. St. LITTLE ROCK ARK.
18. BURIAL, CREMATION, OR REMOVAL
PLACE WRIGHT Cem Jonesburg DATE June 10, 1938
19. FUNERAL DIRECTOR (ADDRESS): Ray McMeans Jonesburg Missouri.
20. FILED June 16 1938 ~~E. A. Ball~~ A. V. Ehling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to Dead when, 19.....
I last saw her alive on Arrived, 19..... Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

Sudden Death
From Heart attack
Which he suffered with
for Several years.
Fell dead in the field

Date of onset

Other contributory causes of importance:

200 N

Name of operation ..... Date of .....
What test confirmed diagnosis? Sudden death Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. A. Ball, M. D.
(Address) Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

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.)