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11492

FILED APR 8 1940

Registration District No. 289

Primary Registration District No. 5407

Registrar's No. 19

1. PLACE OF DEATH

(a) County Dunklin  
(b) City or town near Campbell + Malden  
(c) Name of hospital or institution: Home Cotton Hill  
(d) Length of stay: In hospital or institution Home 2  
In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Malden Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Robert Roland

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W  
6. (b) Name of husband or wife Stella Roland  
6. (a) Single, widowed, married, divorced ✓  
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 9 1889

8. AGE: Years 50 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name James Roland  
13. Birthplace Mo  
14. Maiden name Elb. Elb.  
15. Birthplace Mo

16. (a) Informant Wife Stella  
(b) Address Malden Rural

17. (a) Burial (b) Date thereof 3/26/1940  
(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director Walter Mitchell  
(b) Address Campbell Mo

19. (a) 3/25-1940 (b) W. B. Mitchell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 4 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 18, 1940, to March 25, 1940, that I last saw him alive on March 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Common Cold

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations ✓

Of autopsy ✓

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? 262  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter Mitchell (M. D. or other) Dr  
Address Malden Date signed 3/23/40

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35

RECEIVED

District Health Officer No. 2

District File Number 440-877

Date Filed 4/5/40

40711-1-10-10

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.....

*Christine Martin Rander*

Registered Apprentice No. 69

working under my personal supervision.

Signed

*E. W. Rander*

Licensed Embalmer No. 295-*CRK*

P. O. Address *Campbell*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10 865

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 289

Primary Registration District No. 3407

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Dunklin  
(b) City or town: Cotton Hill Twp  
(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  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME

Robert Roland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: m

5. Color or race: w

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 30

Months 7

Days 17

If less than one day  
hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 25  
year: 1940 hour: minute: M.

21. I hereby certify that I attended the deceased from  
19... to 19...  
that I last saw h... alive on... 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death

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?

While at work (Specify type of place)

(e) Means of injury

23. Signature

Graydon Carlstrom

Address

Malden

SUPPLEMENTARY

original

07/9/1940

5-10865  
1940