

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

FORM 1-12-33

2  
3  
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.

*S. Brown*

JUN 13 1940

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

18007  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Butler Registration District No. 89  
 (b) Township 2 Primary Registration District No. 5131  
 (c) City Poplar Bluff., Mo. (d) Street No. 33 miles North on hi-way 67 St. 67  
 (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.  
 453

2. PRINT FULL NAME John Truman Roland Jr.  
 (a) Residence, No. R. F. D. Poplar Bluff., Mo. 0 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 6 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County, Mo. 0

FATHER  
 13. NAME John Truman Roland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

MOTHER  
 15. MAIDEN NAME Maggie Roland  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Mrs. John T. Roland (ADDRESS) Poplar Bluff., Mo.  
 18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE Poplar Bluff., Mo. DATE 5/7/40 19  
 19. FUNERAL DIRECTOR (NAME) Frank Und. Co. 89 (ADDRESS) Poplar Bluff., Mo.  
 20. FILED 5-7 1940 Obituary Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from viewed viewed, 1940, to viewed, 1940.  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10:45 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture skull Date of onset  
Hit by automobile on highway 67 north  
 Other contributory causes of importance:  
210 4  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury May 4, 1940  
 Where did injury occur? Butler Co. Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Public highway  
 Manner of injury hit by automobile  
 Nature of injury complete crushed skull

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Grover W. Green, coroner M. D.  
 (Address) Poplar Bluff., Mo.

**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, .....

Grover W. Greer .....

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Grover W. Greer*

Licensed Embalmer No. 2964 .....

P. O. Address Poplar Bluff, Mo. .....

**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.**