

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29762
Do not use this space.

1. PLACE OF DEATH

(a) County Saline 30 Registration District No. 796
(b) Township 0 Primary Registration District No. 13838 Registered No. 125
(c) City Marshall Mo (d) Street No. Mo State School 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 9 yrs. 11 mos. 1 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Bobby Bernard Rolver
(a) Residence, No. St. Louis Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) March 12 1919

7. AGE YEARS 19 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerusalem Mo

FATHER
13. NAME Bernard E Rolver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Helen C Estep

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Files

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Aug 14 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James - 712 Marshall Mo

20. FILED 8-4-40 19 40 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1940

I HEREBY CERTIFY, That I attended deceased from Jan 1 40 to Aug 3 40
I last saw him alive on Aug 3 40. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Status Epilepticus
Date of onset _____

Other contributory causes of importance: 85

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify C. T. M. (amnesia) M. D.
(Signed) _____ (Address) Marshall Mo

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-12-40

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: *Ronald W. Short*

Licensed Embalmer No. 3757

P. O. Address *Marshall, 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.