No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

19732

State File No. 17435

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 196

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

**1. PLACE OF DEATH:**

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1) ST FRANCIS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 DAYS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON - RURAL (If outside city or town limits write "RURAL")

(d) Street No. ROUTE #2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH A. ROLWING

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SOPHIA ROLWING - (dec'd)

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased FEB (Month) 4 (Day) 1861 (Year)

8. AGE: Years 80 Months 3 Days 14 If less than one day hr. min.

9. Birthplace CHARLESTON, (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business RETIRED

FATHER
12. Name: BERNARD ROLWING
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZEBETH KRONLEGE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant PAUL L. ROLWING

(b) Address CHARLESTON, MO R#2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY-CHARLESTON, MO

18. (a) Signature of funeral director LAIR-NUNNELEE

(b) Address CHARLESTON, MO

19. (a) 5-20-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 18TH year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5/15, 1941, to 5/17, 1941; that I last saw him alive on 5/17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NO

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Cape Girardeau Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 John F. Minnelli Jr

Licensed Embalmer No. 3851

P. O. Address Charleston M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**