

Registration District No. 221

Primary Registration District No. 4732

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Bunceton
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leo Felton Roland

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jerneal Roland 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased December, 25th, 1915
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 2 24 hr. min.

9. Birthplace Bunceton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

MOTHER FATHER { 12. Name Lon Roland
 13. Birthplace California Missouri
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Belle Moore
 15. Birthplace California Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Jerneal Roland
 (b) Address Bunceton Mo

17. (a) Removal (b) Date thereof 3/19/1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Missouri

18. (a) Signature of funeral director Jesse E. Richard

(b) Address Yipton, Missouri

19. (a) MAY 21 - 1942 (b) W. W. Robison
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
 (c) City or town Bunceton
 (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.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 19th.
 year 1942 hour 6.00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on Never Seen Alive, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Homicide By Firearms

Due to _____

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) Homicide
 (b) Date of occurrence March 19, 1942
 (c) Where did injury occur? Bunceton Cooper Mo
 (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 L. J. Meister Coroner
 Address Boonville Mo. Date signed 3/21/42

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

27
00

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 4-8-42

AUG 13 1942

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

James E. Richards

Licensed Embalmer No. 2464

P. O. Address Lipton Ave

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.