

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - S. Grant Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
X /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community 85 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Rural - 0
(If outside city or town limits, write "RURAL")

(d) Street No. S. Grant Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Salina Roland

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased February - 5 - 1848
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from August 16, 1942 to August 17, 1942
that I last saw her alive on August 17, 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>6</u>	<u>13</u>	<u>X</u> hr. <u>X</u> min.

Immediate cause of death.....
Cerebral Apoplexy 2 days

Due to.....

Due to.....

9. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Matthew Holloway

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Triplett

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 830

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Roland

(b) Address Stafford, Missouri

17. (a) Burial (b) Date thereof Aug. 20 - 1942
(Burial, interment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah

18. (a) Signature of funeral director Asbury

(b) Address Marshallfield, Missouri

19. (a) 9/5/42 (b) Asbury
(Date received local registrar) (Registrar's signature)

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)
Means of injury.....

23. Signature Dr. H. Focht (M. D. or other) md
Address Stafford Mo Date signed 9/4/42

RECEIVED

District Health Officer No. 6,

District File Number 942-1323

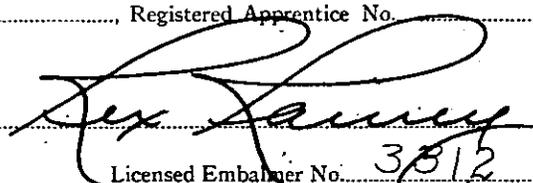
Date Filed SEP 11 1942

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


Licensed Embalmer No. 3812

P. O. Address Marshfield, 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, fact should be so stated above.