

FILED MAR 15 1949

Primary Registration District No. 5653

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 743 days  
In this community 743 days  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Rolla Jolly

3. (b) If veteran, name war Mo 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 22 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 | 4 | 15 hr. min.

9. Birthplace Paris, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Tiff Miner

11. Industry or business Miner

12. Name Ed Jolly

13. Birthplace Delmar, Delmar's  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Armstrong

15. Birthplace Washington Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant One Michael Reed Park  
(b) Address Mo State San. Mt. Vernon Mo

17. (a) Burial (b) Date thereof Feb 11 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanatorium Cemetery

18. (a) Signature of funeral director George B Orr  
(b) Address Mt Vernon Mo

19. (a) 2-12-43 (b) Audley Crawford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town cadet  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th  
year 1943 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 9  
24th 1941 to Feb 5 1943  
that I last saw him alive on Feb 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Glomerulonephritis 9 mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Pulmonary tuberculosis 4 yrs  
(Include pregnancy within 3 months of death)

Major findings: Quiescent  
Of operations \_\_\_\_\_  
Of autopsy 1381

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Attcher MD (M. D. or other)  
Address Mt Vernon Mo Date signed 2-5-43

1338

RECEIVED

District Health Officer No. 6,

District File Number 2-43-390

Date Filed MAR 12 1943

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.....

*Body was not embalmed* Registered Apprentice No.....

working under my personal supervision.

Signed *George B Orr*.....

Licensed Embalmer No. *946*.....

P. O. Address *724 Vernon M*.....

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.