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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21662

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 330

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Always
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Newton 73

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

(d) Street No. R. F. D. # 2 Box 531
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Harry Lee Roland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 21 (Day) 1939 (Year)

8. AGE: Years 4 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Charlie Lee Roland
13. Birthplace McDonald Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Edna Duke
15. Birthplace Jasper Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Chas. Roland
(b) Address Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 14 (Day) 43 (Year)
(c) Place: burial or cremation Park Cemetery Carthage

18. (a) Signature of funeral director Parker- Hunsaker
(b) Address Joplin, Mo.

19. (a) 6-12-43 (Date received local registrar) (b) Gertrude Seedhoeter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 11
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from June 11, 1943 to June 11, 1943
that I last saw him alive on June 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Meningitis — Duration 3 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 H. L. Wilbur (M. D. or other)
Address Joplin Mo Date signed 6-12-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-6522

## 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. F. M. Jones

Licensed Embalmer No. 2319

P. O. Address. Joplin 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.**