

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24557
Registrar's No. 238

Registration District No. 47

Primary Registration District No. 3171

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - St. Aubert Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Six Mile North of Mokane
(If not in hospital or institution, write street number or location)

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

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Mokane R. F. D. # 1
(If outside city or town limits, write "RURAL")

(d) Street No. Six Mile North of Mokane
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CATHERINE H. ROLLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis J. Roller

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

7. Birth date of deceased Sept. 10, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation House-work

11. Industry or business At Home

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John Roller

(b) Address Mokane, No. R.F.D.#1

17. (a) Burial (b) Date thereof 8/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steedman, Mo.

18. (a) Signature of funeral director J. G. Wallace

(b) Address Fulton, Missouri.

19. (a) 8-1-1943 (b) Joel Moushaff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
year 1943 hour 3 minute 2 A.M.

21. I hereby certify that I attended the deceased from July 26
1943, to July 31, 1943
that I last saw her alive on July 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis of heart
Arterio-sclerosis

Due to _____

Due to _____

Other conditions Skin Cancer
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 53

Of autopsy _____

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 W. O. Payne (M. D. or other) _____

Address R. F. D. Fulton Date signed 7/31/43

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..... *Elbert E. White*

Licensed Embalmer No. *4168*

P. O. Address *Fulton, 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.