No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11266

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Nevada
(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

3. (a) PRINT FULL NAME Casper A. Rolley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victoria Rolley
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July (Month) 26 (Day) 1876 (Year)
8. AGE: Years 67 Months 7 Days 7 If less than one day hr. min.
9. Birthplace Virginia (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Miner
11. Industry or business
MOTHER FATHER
12. Name George Rolley
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Alice Crabtree
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L. A. Reighley
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Cemetery
18. (a) Signature of funeral director West City Mo
(b) Address West City Mo
19. (a) Mar. 7, 1944 (Date received local registrar) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1944 hour 1:30 minute a.m.
21. I hereby certify that I attended the deceased from Mar 3, 1944 to , 19 ; that I last saw him alive on 3/3/44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
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) Nature of injury
23. Signature T. H. Thomas M.D.
Address Rockaway Mo Date signed 3/6/44

1180

(Licensed Embalmer's Statement on Reverse Side)

44-3-298

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 myself,

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.