

FILED APR 10 1945

Registration District No. 35-

Primary Registration District No. 3017

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME RUTH RECTOR ROLLER

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 21 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 10 hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name George Roller

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

14. Maiden name Victoria Braden

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

16. (a) Informant William Roller

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof 4-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stacy

(b) Address Carrollton, Mo

19. (a) 4-2-45 (b) Mrs. Anna Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31
year 1945 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____
19 March 31 19 45

that I last saw him alive on March 31 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations None
Of autopsy _____

Duration

10 min.

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 None

23. Signature Dr. Ernest I. Smith (M. D. or other) DO.

Address Moberly, Carrollton, Mo Date signed 4/2/46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/7/43

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.