S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1945

State File No. 27483

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 168

1. PLACE OF DEATH:

(a) County Henry Co Mo
(b) City or town Clinton
(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
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME WILLAM, A. ROLES

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

4. Sex Male C 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) ~~Name~~ of husband ~~or wife~~ Eunice Roles 6. (c) Age ~~of husband or~~ wife if alive 76 years

7. Birth date of deceased Jan (Month) 11 (Day) 1858 (Year)

8. AGE: Years 87 Months 6 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Andrew Roles
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eunice Roles
(b) Address Clinton Mo

17. (a) ____ (Burial, ~~cremation, or removal~~) (b) Date thereof 7 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Mo

19. (a) July 27 (Date received local registrar) (b) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1945 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 19, 1945, to July 24, 1945; that I last saw him alive on July 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 days
Due to: Chronic interstitial nephritis	unknown
Due to: Generalized arteriosclerosis	unknown
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 13 hr

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 S. B. Hughes (M. D. or other) N.D.
Address Clinton Mo. Date signed 7/26/45

1391 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-40-895
Date Filed 9-6-40

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Ohio

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.