

FILED FEB 7 1946

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5611 East 12th. Street /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 2 Weeks
years, months or days

3. (a) PRINT FULL NAME Thomas Jefferson Roller
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret Roller
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased 12 10 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 10 hr. _____ min.

9. Birthplace Scott County West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Hiram Roller
 { 13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
 { 14. Maiden name Beckie Anderson
 { 15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosalie Fitzpatrick
 (b) Address 5611 East 12th. Street

17. (a) Burial (b) Date thereof Jan 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. R. Jordan
 (b) Address 918 - Brooklyn K.C. Mo

19. (a) 1-23-46 (b) Suzanne Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County 994
 (c) City or town La Cygne
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. # 2
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th.
 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1946 to Jan 20, 1946
 that I last saw him alive on Jan 20, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurg
 Duration 4 yr

Due to Hypertension 2 yr

Due to Hypostatic Pneumonia
Bronchial 3 weeks

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

Major findings: 92-15
 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? _____

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature R. L. St. Clair (M. D. or other) _____
 Address 5282 St. John Date signed 1/21/46

Dr. St. Clair

5122 1st Ave. Bldg 0141

2-4-41

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 L. H. Wise

Licensed Embalmer No. 2570

P. O. Address K.C. 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.