. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8814

Registration District No. 137 Primary Registration District No. 5514 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Calhoun Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R R #1 Springfield Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community all Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Calhoun, Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1 Springfield Twp
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUCY, ELLEN, ROLSTIN
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 Married
6. (b) Name of husband or wife Wm F Rolstin
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 11 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	11	4	hr. min.

9. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Daniel Hopkins
13. Birthplace West (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name " George
15. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Wm F Rolstin
(b) Address Calhoun Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director Gonsalus & Peck
(b) Address Clinton Mo
19. (a) 3-17-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 3-15-47
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 200A
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) Means of injury 2
23. Signature Geoff Windsor (M. D. or other) DO
Address Windsor Mo Date signed 3-18-47

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-47-312
Date Filed 3-25-47

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 J. E. Consolus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.