

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 3 1948
324
Registration District No.

Primary Registration District No. 3072

Registrar's No. 245

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbons Hospital
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Miami
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant of Mr & Mrs Leland Roll

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. December 6th, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>10</u> min.

9. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Leland Roll

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

14. Maiden name Catherine Brown

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

16. (a) Informant F. P. Roll

(b) Address Miami, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director Campbell
(City, town, or county)

(b) Address Marshall, Mo.

19. (a) Dec. 8-1947 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature) 2951

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1947 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 6 @ 2:40 AM 1947 to Dec 6, 2:50 AM 1947
that I last saw him alive on Dec 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
5 1/2 months gestation

Due to _____
Due to _____
Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? 0

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

23. Signature [Signature] (M. D. _____)
Address Marshall, Mo. Date signed 12/6/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-7-48

STATEMENT BY LICENSED EMBALMER

1407

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

1

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Jan. H. Purvis

Licensed Embalmer No. 1171

P. O. Address. Marshall, 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.