

FILED APR 28 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15280

Registration District No. 322

Primary Registration District No. 4548

Registrar's No. 9

1. PLACE OF DEATH:

(a) County WEBSTER  
(b) City or town SEYMOUR  
(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 \_\_\_\_\_  
In this community FOUR MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLA (b) County 999  
(c) City or town PITCHER OKLA 34  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country. \_\_\_\_\_ 2

3. (a) PRINT FULL NAME MOSES MONROE ROLLEY

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed 3

6. (b) Name of husband or wife Did not know 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC 28 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day hr. min.

9. Birthplace SEYMOUR MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business LABOR

12. Name MOSES ROLLEY

13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Johnston 9

15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Johnston

(b) Address Seymour

17. (a) REMOVAL (b) Date thereof 4-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NIMIA OKLA KELSEY BERRILL

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address SEYMOUR MO

19. (a) April 14-48 (b) Gilbert Jones (Date received local registrar) (Registrar's signature) 765

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7th 1948 year 1948 hour 1:15 P.M. minute 30 M.  
21. I hereby certify that I attended the deceased from Feb 3 1948, to April 7th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration 3 yrs  
Due to Myocardial Degeneration 3 yrs

Other conditions: \_\_\_\_\_  
(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? \_\_\_\_\_

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

23. Signature J.R. Lee (M. D. or other) \_\_\_\_\_  
Address Seymour Mo. Date signed 4/7/48

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 448-539

Date Filed APR 28 1949

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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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Portland, Me

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.