

No. 2
1/47
5-17-39

15832

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 27 1948

Registration District No.

Primary Registration District No. 5326

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford 28

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

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

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

3. (a) PRINT FULL NAME Wm H Rogland

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 24 day 24 year 1948 hour 7:45 minute 1 M.

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

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Russell Rogland

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 7 - 18 - 1876
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis

Duration 2 yrs

Due to:

Due to:

Other conditions (include pregnancy within 3 months of death):

8. AGE: Years 72 Months 9 Days 6 If less than one day hr. min

9. Birthplace Crawfordville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

12. Name: W

13. Birthplace:

14. Maiden name:

15. Birthplace:

16. (a) Informant Mrs. Russell Rogland

(b) Address Steelville 970

17. (a) (b) Date thereof Val Hella
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo. St James

18. (a) Signature of funeral director St Louis Mo. St James

(b) Address Steelville

19. (a) 5-10-48 (b) St Louis Mo
(Date received local registrar) (Registrar's signature)

Major findings: 97

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature R. G. Parker (M. D. or other) 0

Address Steelville Mo Date signed 4-25-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED 5-17-48
District Health Officer No. 8,
District File Number 548323
Date Filed 5-25-48

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 Henry M. Jones

Embalmed.

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2628

P. O. Address Steubenville, 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.