No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10109

Registration District No. 22 Primary Registration District No. 5424 Registrar's No. 89

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Krakow.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Krakow, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether years, months or days)
In this community 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Krakow.
(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 x

3. (a) PRINT FULL NAME George Rolf.
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased September (Month) 1st. (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	9	23	hr. min.

9. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Farming.
11. Industry or business x
FATHER
12. Name Henry Rolf.
13. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name Louisa Holthaus.
15. Birthplace Unknown. (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Dan Rolf
(b) Address Krakow, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation Krakow, Mo.
18. (a) Signature of funeral director Niebergall & Vitt, Inc
(b) Address Washington, Mo.
19. (a) 6-25-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd. year 1948 hour 4:00 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 10, 1948 to June 23, 1948 that I last saw him alive on June 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Hypostatic)	
Due to general paralysis of 10 yrs duration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy

PHYSICIAN
Underline the cause of 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
23. Signature (M. D. or other)
Address Washington Mo. Date signed 6-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 28 1948

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 A. L. Nickerson

Licensed Embalmer No. 2387

P. O. Address Washington, 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.