

FILED OCT 13 1948

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 225

1. PLACE OF DEATH:

(a) County Jefferson City, Mo.
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: 810 Broadway, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 2 1/2
(c) City or town Jefferson City, Mo.
(d) Street No. 810 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BERNARD ROLFES

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

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

(b) Name of husband or wife John Rolfes 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb. 27, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Person

11. Industry or business _____

12. Name John G Rolfes 4

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. F. E. Shiple
(b) Address Jefferson City, Mo.

17. (a) Buried (b) Date thereof 10/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director D. H. ...
(b) Address Jefferson City, Mo.

19. (a) 10-4-48 (b) R. P. Warrick, MD
(Date received local registrar) (Registrar's signature)
Missouri Registrar
(Licensed Embalmer & Statist on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from June, 1948, to Sept 29, 1948;
that I last saw him alive on Sept 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 10 hours

Due to Hypertensive Cardio-Vascular Disease. 2 yrs.

Due to _____

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

Major findings: Of operations 9/29
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 0

23. Signature J. B. Klebla (M. D. or other) _____
Address Jefferson City, Mo. Date signed 10-4-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 3,
District No. 12 1948
Date Filed

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..... *Sylvester Dulle*
Licensed Embalmer No. *4321*
P. O. Address. *Jefferson City, 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.