U. S. Form
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32398

Registration District No. FILED NOV 12 1948

Primary Registration District No. 3016

Registrar's No. 243

26
34

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 312-W-Elm (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rolland M. McCaslin
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 7 (Day) 1871 (Year)

8. AGE: Years 78 Months 2 Days 23 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Retired Employee
11. Industry or business: Pankhandle Express Co.

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (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: Clyde Singer
(b) Address: R.R. 1, Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kenna Cem. Mo
18. (a) Signature of funeral director: Lonnie Kinne
(b) Address: Jefferson City, Mo.
19. (a) 11-2-48 (Date received local registrar) (b) R. P. Davis M.D. (Registrar's signature)
Norman Richter (Deputy)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1948 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from October 26, 1948 to Oct 30, 1948 that I last saw him alive on Oct 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arterio-Sclerosis	
Due to: Rheumatic Heart Disease	
Other conditions (Include pregnancy within 3 months of death): Cirrhosis Cerebral	

Major findings:
Of operations:
Of autopsy: 0

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: 0

23. Signature: J. G. Bruce (M. D. or other) MD
Address: Jefferson City, Mo. Date signed: 11/2/48

(Extended Embalmer's Statement on Reverse Side)

68

Jefferson City Printing Co.

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 10 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 L. H. Andrews

Licensed Embalmer No. 3641

P. O. Address Jemo.

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.