

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33672

FILED NOV 13 1948
Registration District No. 293

Primary Registration District No. 3051

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(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 65-2-1 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Joseph L. Rolf

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-07-6777

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. September 4 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Men Clothing

11. Industry or business _____

12. Name Henry Rolf

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

14. Maiden name Helen Brewer

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Feltz

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 11-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 11-5-48 (b) Joe J. Zoller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Perryville Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 9
30, 1948, to Nov 5, 1948
that I last saw him alive on Aug 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Due to _____ Duration _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

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

23. Signature Dr. J. H. Miller (M. D. or other) 11/8
Address Perryville Mo. Date signed 11/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Director Health Officer No. 4

Number 1148-140

Date 11-12-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest Young

Licensed Embalmer No. 2138

P. O. Address Berryville 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.