

Registration District No. 250Primary Registration District No. 4150Registrar's No. 29

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Gallatin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home of Parents, Gallatin, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Cuma Irene Roland 4533. (b) If veteran, name war no 3. (c) Social Security No. XX4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Herman Roland 6. (c) Age of husband or wife if alive 30 years7. Birth date of deceased September 1 1911
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
28 2 3 hr. min.9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife 011. Industry or business Own Home 012. Name George Cox 013. Birthplace Daviess Co. Missouri
(City, town, or county) (State or foreign country)14. Maiden name Ruby Blackley15. Birthplace Daviess Co. Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Cuma Irene Roland(b) Address Gallatin, Mo.17. (a) Burial (b) Date thereof 11 6 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation McGrary Cemetery18. (a) Signature of funeral director Hope Turn. & Wood Co.(b) Address Gallatin, Missouri19. (a) Nov. 4-1939 (b) H. H. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
 (c) City or town "Rural" Union Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 Miles North Gallatin, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1939 hour 5 minute 55 P. M.21. I hereby certify that I attended the deceased from
Oct. 25, 1939, to Nov. 4, 1939,
that I last saw her alive on Nov. 1, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Tuberculosis 2 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
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? _____
(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 Floyd E. Nelson (M.D. or other) _____Address Gallatin Date signed 11-9-39

RECEIVED

District Health Officer No. 17;

District File No. 1239-1787

Date Filed DEC 19 1939

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. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Fullerton, 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, above space should be left blank.