S. No. 2.
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19649

Registration District No. 793 — Primary Registration District No. 4474 — Registrar's No. 13

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Blackburn Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Blackburn Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMMA M. ROLF 410

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles J. Rolf

6. (c) Age of husband or ~~wife~~ if alive 58 years

7. Birth date of deceased June (Month) 2 (Day) 1884 (Year)

8. AGE: Years 55 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Meredosia Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business ✓

FATHER
12. Name Herman Hobrock
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Eliza Krems
15. Birthplace Beardstown Ill (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Rolf

(b) Address Dover Mo

17. Lutheran Cemetery Alma Mo (Burial, cremation, or removal) (b) Date thereof May 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery Alma Mo

18. (a) Signature of funeral director E. S. James

(b) Address Concordia Mo

19. (a) May 11-1940 (Date received local registrar) (b) Mattie Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 11 25 P.M. minute M.

21. I hereby certify that I attended the deceased from Apr 25, 1940, to May 9, 1940
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — Duration 5-40

Due to Hypertension

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Paul Lowell (M. D. or other)

Address Blackburn Date signed 5-1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-6-40
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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.