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5-17-39
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AUG 14 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. **24070**
Registrar's No. **2680**

Registration District No. **399** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
608 East 9th Street
(d) Length of stay: In hospital or institution _____
In this community Unknown

8. (a) PRINT FULL NAME Julius Rolland **453**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Unknown

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

9. Birthplace Unknown

10. Usual occupation Retired

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Bess Berner

(b) Address West Crown

17. (a) Burial (b) Date thereof 7-3-40

(c) Place: burial or cremation N.Y. City

18. (a) Signature of funeral director H. Pigeon & Son

(b) Address N.C. 2nd

19. (a) July 4, 1940 (b) M.M. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 608 East 9th Street
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ 7 day 1-40 year _____ hour _____ minute 7A M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him/her on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

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

Major findings Of operation Inspection Only
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? _____
(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 [Signature] (M. D. or other) _____
Address City Date signed _____

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

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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed By J. K. Reiman
Licensed Embalmer No. 2744

P. O. Address H.P. 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.