

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

MOV. 5-17-39 I X19151

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 17 1941  
399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34363  
State File No. 3879  
Registrar's No.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Weeks  
Over 40 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3335 Tracy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Harry E. Roland  
3. (b) If veteran, name war No.  
3. (c) Social Security No. 495-03-1962

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October, day 4th, year 1940 hour 2:30 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Addie Cole Roland  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased August 14 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 29, 1940 to October 4, 1940  
that I last saw him alive on October 4, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 1 20 hr. \_\_\_\_\_ min.

Immediate cause of death Auricular Fibrillation  
Duration \_\_\_\_\_

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

Due to Myocarditis chronic arteriosclerosis  
Due to Senility

10. Usual occupation Druggist

Other conditions 137  
(Include pregnancy within 3 months of death)

11. Industry or business Katz Drug Co.

Major findings:  
Of operations Prostatic Hypertrophy Oper. 9/30/40  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

MOTHER FATHER  
12. Name Oscar Roland  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Sackett  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Gillispie  
(b) Address 3335 Tracy, Kansas City, Mo.

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) (e) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1025 Argyle Bldg Date signed 10-5-40

19. (a) 10-7-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Dr. Dillon and Dr. Edmundson

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**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 \_\_\_\_\_

*J. B. Waters*

Licensed Embalmer No. \_\_\_\_\_

*3992*

P. O. Address \_\_\_\_\_

*H. C. M. Co.*

**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.**