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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33843

Registration District No. 379

Primary Registration District No. 1602

Registrar's No. 3779

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Edward Lee Roll, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 038-01-8414

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Margaret Roll 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 10 ..hr. min.

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

10. Usual occupation Sales Manager

11. Industry or business U.S. Gutta-Percha Paint Co.

MOTHER FATHER { 12. Name Charles Roll
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Eva Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret J. Roll
(b) Address 5321 The Paseo

17. (a) Burial (b) Date thereof Oct. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Missouri

18. (a) Signature of funeral director W. H. Newcomer, Sons
(b) Address 1401 Brush Creek Bldg.

19. (a) 10/9/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸
(c) City or town Kansas City ⁸
(If outside city or town limits, write "RURAL")
(d) Street No. 5321 Paseo
(If rural, give location) ⁰
(e) If foreign born, how long in U. S. A. ? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1941 hour 10 AM, minute ---- M.

21. I hereby certify that I attended the deceased from Oct 8 1941 to Oct 8 1941; that I last saw him alive on Oct 8 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Aneurysm Calcareous with heart failure ^{3 yrs}
Duration

Due to -----
Due to -----
Other conditions (Include pregnancy within 3 months of death) 92a

PHYSICIAN
Major findings: -----
Of operations: -----
Of autopsy: Confirmed about diagnosis
Underline the cause of death which 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 M. H. Berry (M. D. or other) -----
Address Prize Med. Bldg. Date signed Oct 8, 1941

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3965

P. O. Address Kansas City, 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.