

Registration District No. 77

Primary Registration District No. 516

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

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1410 E. Atchison St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1410 E. Atchison St.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN MARGARET ROLING  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 5  
year 1943 hour 6 minute 45 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John Roling 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Sept 20, 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3<sup>rd</sup> 1943 to August 5<sup>th</sup> 1943  
that I last saw her alive on August 5<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. ✓ min.

Immediate cause of death Arteriosclerosis

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation at home

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name German Bruenner  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Pringel  
15. Birthplace Germany (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Emil Roling  
(b) Address Jefferson City, Mo.  
17. (a) Burial (Burial, cremation, or removed) (b) Date thereof 8/9/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Nashville, Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Dean B. Lake (M. D. or other) DD  
Address Jefferson City, Mo. Date signed July 9, 1943

18. (a) Signature of funeral director Sylvester Klue  
(b) Address Jefferson City, Mo.  
19. (a) 8-10-43 (Date received local registrar) (b) Norma Rietter (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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..... *Sylvester Gull* .....  
Licensed Embalmer No..... *4321* .....

P. O. Address..... *Jefferson 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, fact should be so stated above.

24-01-8