

FILED JUL 20 1944

X32873

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
143 East Anderson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora 55
(If outside city or town limits, write "RURAL")
(d) Street No. 143 East Anderson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna H Roller

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 Widowed

6. (b) Name of husband or wife James W Roller 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 27 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name N Care
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Brandery
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M Broyles
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 6/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orange Cemetery

18. (a) Signature of funeral director J. H. King
(b) Address Aurora Mo.

19. (a) 6-13-44 (b) Anna H. Roller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 10 1944
that I last saw h. or alive on June 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
Chronic Hypertension

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 Henrich K. Kelly M. D. or other MD
Address Aurora Mo. Date signed June 11 1944

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer, No. 6;

District File Number 344-843

Date Filed JUL 17 1944

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 *Herman Jerridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.