

FILED JAN 22, 1945

State File No.

Registration District No.

Primary Registration District No. 5043

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Sugar Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lorinda Ellen 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, Married
6. (b) Name of husband or wife Sil Roller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 2 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Pea Ridge Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James Cox 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Glass 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sil Roller
(b) Address Seligman, Missouri
17. (a) Burial (b) Date thereof 12-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seligman

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Jan 10 - 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1944 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 18 1944 to Dec. 24 1944
that I last saw her alive on Dec. 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis.

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

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death 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 Dr. Chas. R. Brown (M. D. or other) D.O.
Address Seligman Mo. Date signed 12/36

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..... *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.

Registration District No. 11

Primary Registration District No. 5043

1. PLACE OF DEATH:

(a) County Barnes
(b) City or town Rural Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME

Lorinda E. Raller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased June 2 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days _____ (Unless than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 23 1947 that I last saw him/her alive on Dec 23 1947 and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Coronary Thrombosis

Due to Arterio sclerosis

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death 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 D. Chas. F. Brubaker (M.D. or other) _____

Address Bellevue Mo Date signed 1/2/48

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

SUPPLEMENTARY

1609