

V. S. No. 2  
OM-5-43  
5-17-39  
I X36671

39507

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 30 1948

Registration District No. 5

Primary Registration District No. 5029

Registrar's No. 40

1. PLACE OF DEATH **Atchison**

(a) County **Atchison**

(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **61 years**  
(Specify whether years, months or days)

In this community **61 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**

(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 **George William Rolf**

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex **Male**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Rolf**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **January-27th-1871**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **5**  
If less than one day hr. min.

9. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business .....

MOTHER FATHER } 12. Name **John Henry Rolf**

13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Elizabeth Pape**

15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Rolf**

(b) Address **Westboro, Missouri**

17. (a) **St. Burial** **Dec-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Leo T. ...**

(b) Address **Westboro, Missouri**

19. (a) **Dec. 10-46** (b) **Mrs. H. L. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **2nd**  
year **1946** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **OCT 10** 1946 to **DEC 2** 1946  
that I last saw him alive on **DEC 2** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: **CANCER OF LIVER**

Duration **1 Yr.**

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings: **46F**

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place) While at work? .....

(e) Means of injury **2**

23. Signature **Thos. F. Fay** **R.D. 2**  
Address **Westboro** Date signed **12-3-46**  
(M. D. or other)

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

38321

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

Scott Tucker....., Registered Apprentice No.....  
working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address. Westboro 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.**