7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27917

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3582

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community " " "

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ned away 3
(c) City or town Tarkio Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William E. Rolofson
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 23 (Day) 1937 (Year)

8. AGE: Years	Months	Days	If less than one day
19	8	27	hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School
11. Industry or business
FATHER 12. Name Lyle A. Rolofson
13. Birthplace Lincoln (City, town or county) Nebraska (State or foreign country)
MOTHER 14. Maiden name Maxine Wilkinson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lyle A. Rolofson
(b) Address Tarkio Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Tarkio Mo
18. (a) Signature of funeral director Stine-McClure
(b) Address Kansas City Mo
19. (a) 8-26-47 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 30, 1947, to Aug 20, 1947, that I last saw him alive on Aug. 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, Lymphatic, Acute — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 240

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 0
23. Signature Tuck L. Hoyer (M. D.)
Address 3615 Alameda Rd. Date signed 8-30-47 K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 1413

P. O. Address .....

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.