

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

36908

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 27 1947

Registration District No. 372

Primary Registration District No. 4548

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Mo  
(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 Webster 1/12

(c) City or town Seymour  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT GRANT ROLEY

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from MARCH-8 1947 to MARCH 19 1947  
that I last saw him alive on MARCH 19 - 1947  
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Margaret Ann Roley

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 21 1871  
(Month) (Day) (Year)

Immediate cause of death BRONCHIOLE PNEUMONIA Duration 2 wks

8. AGE: Years Months Days If less than one day

75 5 20 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Webster County Mo. 0  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Moses Roley

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

14. Maiden name Louisa Johnston

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

16. (a) Informant Margaret Ann Roley

(b) Address Seymour Mo.

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? 2

17. (a) Burial (b) Date thereof March 21 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Kelley Ferrell Bergman

(b) Address Seymour Mo.

23. Signature J. R. Hall D.O. (M. D. or other) DO

Address Seymour Mo. Date signed 3/19/47

19. (a) Oct 18-47 (b) Gilbert Jones  
(Date received local registrar) (Registrar's signature) 211

(Licensed Embalmer's Statement on Reverse Side)

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

12  
0  
0

**RECEIVED**

District Health Officer No. 6,

District File Number 1047-109 S

Date Filed OCT 23 1947

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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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland MS

**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.**