

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 MAPLE ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 YEARS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BATES. 7
(c) City or town RICH HILL - OSAGE TWP. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 101 MAPLE ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DONALD W. ROLL
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 6
year 1948 hour _____ minute _____
21. I hereby certify that I attended the deceased from Dec 5 1948
to Dec 6 1948
that I last saw him alive on Dec 5 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FAY V. ROLL
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: JUNE 18 1910
(Month) (Day) (Year)

Immediate cause of death: Myocardial Infarction
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
38 5 18 hr. _____ min.

Major findings: _____
Of operations: _____
Of autopsy: 630
PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

9. Birthplace RICH HILL MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation ELEVATOR OPERATOR
11. Industry or business _____
12. Name WILLIAM J. ROLL
13. Birthplace OHIO
(City, town, or county) (State or foreign country)
14. Maiden name LUCY GAFFNEY
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant FAY V. ROLL
(b) Address 101 MAPLE, RICH HILL, Mo.
17. (a) BURIAL (b) Date thereof DEC 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN
18. (a) Signature of funeral director [Signature]
(b) Address Rich Hill, Mo.
19. (a) Dec 7 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed Dec 7 1948

DEC 16 1948

Licensed Embalmer No. 7,
District File Number 11-48-1439
Date Filed 12-14-48

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 John G. Anderson
Licensed Embalmer No. 3585
P. O. Address Butler, 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.