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

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37660

Registration District No. 282 Primary Registration District No. 5979 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Polk (West Looney)

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

(c) Name of hospital or institution: 6 Miles South of Bolivar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk E4

(c) City or town Bolivar Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles South of Bolivar
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Carl Lee Rotrammel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Aug (Month) 13 (Day) 1932 (Year)

8. AGE: Years 16 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Boy

11. Industry or business Studies

FATHER
12. Name Lawrence Hugton Rotrammel
13. Birthplace Polk Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie May Parkison
15. Birthplace Riverton (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Lawrence Rotrammel

(b) Address Bolivar Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 10 (Day) 1948 (Year)

(c) Place: burial or cremation Sdagle Cemetry

18. (a) Signature of funeral director Erwin & Blue

(b) Address Bolivar Mo

19. (a) Nov. 12, 1948 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1948 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from September 1948 to Nov. 8, 1948 that I last saw him alive on Nov. 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Exsanguination

Due to Int. Abdominal Hemorrhage

Due to Lymphatic Leukemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Lumbrun (M. D. or other)

Address Bolivar Mo Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-48-1328
Date Filed 11-16-48

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 Willard L. Erwin

Licensed Embalmer No. 3092

P. O. Address Dalieur, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.