

U.S. No. 300
OM-10-47
Rev. 5-17-39
1, 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 7 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1948-39782
Registrar's No. 156

Registration District No. 176

Primary Registration District No. 3020

1. PLACE OF DEATH:
 (a) County Franklin Washington
 (b) City or town Franklin Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hosp.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 40 minutes
 (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Alka (b) County 999
 (c) City or town Quapaw, Alka
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box 107
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RICHARD LEROY ROLAND
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

4. Sex Male 5. Color or race w
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife NONE
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Feb. 9, 1943
 (Month) (Day) (Year)

8. AGE: Years 5 Months 10 Days 18
 If less than one day hr. min.

9. Birthplace Miami Alka
 (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name Leroy Roland

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

14. Maiden name Margaret S. Foster

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

16. (a) Informant Leroy Roland

(b) Address Quapaw, Alka

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 27, 1948
 (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Alka

18. (a) Signature of funeral director Casey + Tenor

(b) Address St. Clair, Mo.

19. (a) 12/27/48 (Date received local registrar) (b) [Signature] Registrar's signature

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 9 1948 hour one minute 45 AM.
 21. I hereby certify that I attended the deceased from Dec 27 1948 to Dec 27 1948
 that I last saw him alive on Dec. 27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain concussion
Skull fracture

Due to automobile accident

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
1700
 Of autopsy 28

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 12-27-48
 (c) Where did injury occur? St. Clair, Mo - Franklin
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
automobile accident
 (Specify type of place)
 While at work? no. (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
 Address St. Clair, Mo. Date signed 12-27-48

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

36
6
2

Date Filed JAN 6 1949

DISTRICT FILE NUMBER

DEPARTMENT HEALTH OFFICER No. 9

MAR 4 1949

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 *David Russell*

Licensed Embalmer No. *4520*

P. O. Address *St Clair, 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.