

Registration District No. 1470 Primary Registration District No. 5142 State File No. _____ Registrar's No. 20

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neely Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 10 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Lucille A. Roland
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race Cauc
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 9 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 11
year 1949 hour 5:30 minute 0 P. M.
21. I hereby certify that I attended the deceased from Nov 15, 1948 to Jan 11, 1949
that I last saw him alive on Jan 7, 1949
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 19 11 hr. _____ min.
9. Birthplace Mount Pleasant Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name Alvin King
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Virgie B. Collins Johnson
(b) Address Chicago Ill
17. (a) Burial (b) Date thereof 1-15-49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Mo
18. (a) Signature of funeral director Frank J. Smith
(b) Address 212 Main St. Neelyville Mo.
19. (a) 1-15-49 (b) P. B. [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral hemorrhage
Due to hypertension
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: no
Of operations _____
Of autopsy no

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 _____
23. Signature Steele Hill (M. D. or other) MD
Address Neelyville Mo Date signed 1/15/49

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 149-118

Date Filed 1-24-49

JAN 25 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.....

Russell C. Vaughan....., Registered Apprentice No. 233
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo.

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

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