

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1444

FILED JAN 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>JACKSON Brookings</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>FEW MINUTE</u>		d. STREET ADDRESS (If rural, give location) <u>3331 ARLINGTON AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5608 RAYTOWN ROAD</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JASPER</u>	b. (Middle) <u>MARVIN</u>	c. (Last) <u>ROLLER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN. 2. 1951</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-1-1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>J. P. NICHOLS Co. K.C.Mo. DUSTRY</u>	11. BIRTHPLACE (State or foreign country) <u>REXFORD KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAM W. ROLLER</u>	13b. MOTHER'S MAIDEN NAME <u>ALVIRA CURRY</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MAY ROLLER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>275-09-5675</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAY ROLLER</u>	ADDRESS <u>3331 ARLINGTON KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause: per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis</u>		<u>7 mo.</u>
	DUE TO (c) _____		<u>4201C</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Virus Infection lungs</u>			<u>1 week</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-28, 1950, to 1-2, 1951, that I last saw the deceased alive on 12-27, 1950, and that death occurred at P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Thompson</u> (Degree or title)	23b. ADDRESS <u>238.00 E 27. K.P. Mo</u>	23c. DATE SIGNED <u>1-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FEDERAL HILLS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG <u>Jan 3 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. N. Newcomer</u>	ADDRESS <u>1331 BRUSH CORNER KANSAS CITY, MO.</u>
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JAN 11 RECD

FEB 15 1951

JAN 12 1951

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bernard L. Brown*

Licensed Embalmer No. *4250*

P. O. Address *H. C. Min*

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.