

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27655**  
**3581**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No. <b>3581</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>	c. CITY OR TOWN <b>41 Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2520 Highland</b>		No. STREET ADDRESS (If rural, give location) <b>2520 Highland Ave</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>TARINATER</b> c. (Last) <b>Rolland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 7, 1906</b>	9. AGE (In years last birthday) <b>47 yrs 6 mos 13 days</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Scott McCreese</b>	13b. MOTHER'S MAIDEN NAME <b>Bessie</b>	14. NAME OF HUSBAND OR WIFE <b>Hugh Y. Rolland</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hugh Y. Rolland 2520 Highland</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum w/ Met.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>154X</b>
19a. DATE OF OPERATION <b>3/25/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Extensive pelvic &amp; Abdominal Metastases</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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?	
22. I hereby certify that I attended the deceased from <b>3/2/54</b> , 19___, to <b>3/20/54</b> , 19___, that I last saw the deceased alive on <b>3/19/54</b> , 19___, and that death occurred at <b>2:30 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Earl M. Peterson MD</b> (Degree & Title)		23b. ADDRESS <b>2462 A Brooklyn</b>		23c. DATE SIGNED <b>7/2/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
DATE REC'D BY LOCAL REG. <b>7-22-54</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edna Davis 1415 E. Truman</b>

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

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**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 .....  
Signature of Student Embalmer

Signed *Landis H. Jackson* .....

Licensed Embalmer No. *4850* .....

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.