

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38918
 Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH
 (a) County Barry Registration District No. 37
 (b) Township Washburn Primary Registration District No. 3053
 (c) City Seligman (RFD) (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT/FULL NAME James Alexander Roller
 (a) Residence, No. Seligman (RFD) St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fauline A. Roller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
82 4 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Mo.

FATHER 13. NAME Jacob Roller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Catherine Arnhart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Geo. W. Roller
 (ADDRESS) Seligman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller (King) DATE Dec. 3 1939

19. FUNERAL DIRECTOR (NAME) Horine-Culver
 (ADDRESS) Cassville, Mo.

20. FILED 12/3 1939 Chas. E. Elene 9:00
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1939, to Dec. 1 1939
 I last saw h. l. m. alive on Dec. 1 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Old age, arterio sclerosis

Other contributory causes of importance:
Chronic myocarditis, myocardial degeneration

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Chas. B. Brown M. D.
 (Address) Seligman, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 J.C. Canada
Registered Apprentice No. 225, working under my personal supervision.

Signed J.E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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, above space should be left blank.