

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32652

State File No. ....

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 84

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Purdy  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 86 years  
years, months or days

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

3. (a) PRINT FULL NAME Sarah Jane Roller  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Samuel Marion Roller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 28, 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Tillman Edwards  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Jane Thornhill  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant B.A. Roller  
(b) Address Purdy, Mo.

17. (a) Burial (b) Date thereof Oct. 20, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grubhart Cemetery Blankenships

18. (c) Signature of funeral director Monett, Missouri  
(b) Address

19. (a) 10-18-46 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 15  
2, 1946, to Oct 17, 1946  
that I last saw her alive on Oct 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions Hemiplegia  
(Include pregnancy within 3 months of death) 32 days

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93D

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) Means of injury \_\_\_\_\_

23. Signature Frank M. West (M. D. or other) \_\_\_\_\_  
Address Monett, Mo. Date signed 10/18/46

Duration  
?  
?  
32 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1046-1077

Date Filed OCT 23 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.**