

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 571

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4335

State File No.

Registrar's No. 19

11400

1. PLACE OF DEATH:

(a) County. Moniteau, Co.
(b) City or town. California, MO Walker
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. Life (Specify whether
In this community. Life
years, months or days)

3. (a) PRINT FULL NAME Charley Francis. Roland

3. (b) If veteran, name war. 3. (c) Social Security No. 500.10.7667

4. Sex Male 2 5. Color or race Colord 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Iola Roland 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased. Feb. 1. 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 1 23 hr. min.

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

10. Usual occupation. Worked in Garage

11. Industry or business.

12. Name. William A. Roland

13. Birthplace. Moniteau, Co.
(City, town, or county) (State or foreign country)

14. Maiden name. Sallie Hardaman

15. Birthplace. Moniteau, Co.
(City, town, or county) (State or foreign country)

16. (a) Informant. Iola S. Roland

(b) Address. California, Mo.

17. (a) Burial (b) Date thereof Mar, 25.42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Cemt. California
Bowlin Funeral Home

18. (a) Signature of funeral director.

(b) Address. California, Mo.

19. (a) 3-23-42 (b) Mrs. James Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau 06
(c) City or town. California, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. City
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1942 hour about minute 5 A.M.

21. I hereby certify that I attended the deceased from death
when first seen to seen, 19____
that I last saw him live on 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Rupture of
pulmonary vessel Duration 30 min.

Due to Sepsis?

Due to _____

Other conditions. 307
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 3
coroner

23. Signature Kenneth Latham (M.D. or other) _____

Address California, Mo Date signed 3-23-42

(Licensed Embalmer's Statement on Reverse Side)

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

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.