

REC'D FEB 21 1939

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

1654
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 100
(c) City ST. JOSEPH, (d) Street No. 906 JULES STREET, St.
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME MOLLIE I ROE
(a) Residence, No. 906 JULES STREET, 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L.L. O'Rear
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 29, 1875
7. AGE YEARS 63 MONTHS 10 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. HOME
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) UNKNOWN VIRGINIA
13. NAME ALBERT ROE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN VIRGINIA
15. MAIDEN NAME MARY BONNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN VIRGINIA
17. INFORMANT (ADDRESS) PEARL DITTRICK, 906 JULES ST. ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE GARNETT, KANSAS, DATE Jan. 19th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC, 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED 1-18-39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Jan 17, 1939
I last saw DR alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset 1936
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Other contributory causes of importance:
Carcinoma of Breast 1936
Name of operation none Date of none
What test confirmed diagnosis Physical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury none
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 none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) J. R. Elliott M. D.
(Address) 801 1/2 Iowa St. St. Joseph, 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.

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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, JOHN E. RUPP

....., or by

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

Signed.....

John E. Rupp

Licensed Embalmer No. 1986

1946 COLHOUN ST.
P. O. Address ST. JOSEPH, MISSOURI.

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.