

REC'D JUN 20 1939

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

19443
Do not use this space.

1. PLACE OF DEATH
(a) County Madison Registration District No. 668
(b) Township Sedalia Primary Registration District No. 668-2
(c) City Sedalia (d) Street No. Bohannan Hospital Registered No. 163
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Susan Lane Roman
(a) Residence, No. Houstonia Mo 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 (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 6 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
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) Pilot Grove Mo
13. NAME Bazewell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
15. MAIDEN NAME don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Dr D Roman Houstonia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Ottumville DATE May 19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Westbrook Houstonia
20. FILED May 18 1939 Mrs Harry Sirey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939
22. I HEREBY CERTIFY, That I attended deceased from May 17 1939, to May 18 1939
I last saw him alive on May 15 1939 Death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Myocarditis
Coronary atherosclerosis

Other contributory causes of importance: Old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? (no)
If so, specify J. E. Smith M. D.
(Signed) Sedalia Mo. (Address)

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/18/39

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,

H. W. Smiley

or by

Registered Apprentice No., working under my personal supervision.

Signed *H. W. Smiley*

Licensed Embalmer No. *3987*

P. O. Address *Houstonia 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.