

STANDARD CERTIFICATE OF DEATH

State File No. 32930

Registration District No. 288

Primary Registration District No. 3028

Registrar's No. 67

1. PLACE OF DEATH

(a) County Madison 2  
(b) City or town Fredericktown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) About 11 yrs

3. (a) PRINT FULL NAME

Golda Roach 2nd

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-14-9157

4. Sex Female

5. Color or race It

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lee Roach

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb 11 1903  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>6</u>	<u>23</u>	hr. min.

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

10. Usual occupation Hayes wifes

11. Industry or business Shoe maker - Shoe Factory

12. Name William Dixon

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

14. Maiden name Virgine Barrett

15. Birthplace Buckhorn Ind Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Roach

(b) Address Fredericktown Mo

17. (a) Fredericktown (b) Date thereof Sept 5 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Ed H. Webb

(b) Address Fredericktown Mo

19. (a) Sept 5 1939 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 1  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sum  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1939 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 1938, to Sept 4 1939  
that I last saw her alive on Sept 3 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat Duration 2 weeks

Due to Returning Carcinoma of Breast

Due to Carcinoma of Breast 16 wks

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast PHYSICIAN \_\_\_\_\_

Of operations partial mastectomy  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature S. C. Slaughter (M. D. or other) \_\_\_\_\_  
Address Fredericktown Date signed 9/7/39

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

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, or by.....

*Ed. H. Webb*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ed. H. Webb*

Licensed Embalmer No. *731*.....

P. O. Address *Fredericktown, Md*.....

**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.**