

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.

JAN 17 1940

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

42800
Do not use this space.

1. PLACE OF DEATH
 (a) County... Buchanan Registration District No. 85
 (b) Township... Primary Registration District No. 1001 Registered No. 1277
 (c) City... St. Joseph (d) Street No. 1441 North 11th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Washington Rough
 (a) Residence, No. 1441 North 11th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Rough
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 83 3 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Huckster
 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) Scranton, Pennsylvania
 13. NAME Henry Rough
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania
 15. MAIDEN NAME Mary Booth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania
 17. INFORMANT (ADDRESS) Mrs. Louise Rough 1441 N 11th, St. Joseph, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE December 12, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer 1302 Faraon St., St. Joseph
 20. FILED Dec. 12, 1939 H. J. Neathel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1939 to Dec 10, 1939
 I last saw him alive on Dec 10, 1939 Death is said to have occurred on the date stated above, at 7:30a.m.
 The principal cause of death and related causes of importance were as follows:
 Chronic Myocardial Infarction
 Other contributory causes of importance: Arterio Sclerosis General
 Name of operation none Date of
 What test confirmed diagnosis Clinical 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
 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
 (Signed) Gustav Meierhoffer, M. D.
 85 (Address) Kirkpatrick Bldg., St. Joseph

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.....

H. A. Kelly

Licensed Embalmer No. *Mo.* 3946

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.