No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34815

Registration District No. 85 FILED NOV 7 - 1940 Primary Registration District No. 1001 Registrar's No. 1074

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 312½ Francis St. (If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 312½ Francis (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Earnest Dudley Roundtree

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lulu 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 14 (Day) 1875 (Year)

8. AGE: Years 65 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Martinville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Poultry & Produce Business

FATHER
12. Name Louis Roundtree
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emma Baldwin
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Louis Roundtree
(b) Address St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Oct 11-1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1940 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from Oct, 10th 40 Viewed, 19 40, to ____, 19__; that I last saw him alive on ____ 0, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency, — Duration

Due to 92 ✓

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury 85

23. Signature B. W. Tadlock - Coroner (M. D. or other) 5
Address King Hill Bldg. St. Joseph, Missouri Date signed 10-12-40

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Kelly

Licensed Embalmer No. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.