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13-40
7-39
X23159

Registration District No. **1046**

Primary Registration District No. **5810**

Registrar's No. _____

1. PLACE OF DEATH: **Newton**
 (a) County **Newton**
 (b) City or town **Shoal Creek Twp.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10 mi. S.W. of Joplin.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **60 years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Newton**
 (c) City or town **Joplin Mo; Rural.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R.F.D.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Moses F. Roff.**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **18,** 1940.
 year _____ hour **2-20 A.M.** minute _____ M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **No**
 6. (c) Age of husband or wife if alive **No** years
 7. Birth date of deceased **June 27, 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to **Oct 18 1940**, 19____; that I last saw him alive on **Oct 18 1940**, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
74		4	23	_____hr. _____min.

Due to **Nephritis, chr.**
 Due to _____

9. Birthplace **Knoxville Iowa.**
(City, town, or county) (State or foreign country)

Other conditions **1st**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

11. Industry or business **FARM.**

Major findings:
 Of operations _____
 Of autopsy _____

12. Name **John Roff**

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

14. Maiden name **Nancy E. Elliott**

15. Birthplace **Ky;**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

16. (a) Informant **Mary Bellote**
 (b) Address **Dallas, Kansas Rt 2**

17. (a) **Burial** (b) Date thereof **Nov. 20, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hornet Cemetery**

(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? _____

18. (a) Signature of funeral director **Hurlbut Und. Co;**
 (b) Address **Joplin Mo**

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

19. (a) **11-19-40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **R. B. Tolan** (M. D. or other) _____
 Address **2228 Cedar** Date signed _____

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

RECEIVED DEC 17 1940

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1240-2985

Date Filed DEC 10 1940

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 ^{not}.....

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

Signed

Sam E. Senesney

Licensed Embalmer No. 4099

P. O. Address

Joplin Mo.

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

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