

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.

Registration District No. 780

Primary Registration District No. 6028

1. PLACE OF DEATH:

(a) County St. Genevieve  
 (b) City or town Rural - Jackson  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(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)  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME MAGDALENA SOPHIA ROTH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Charles Roth 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased Jan 10 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace French Village Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Basler  
 13. Birthplace St. Genevieve Co. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Victoria Ritter  
 15. Birthplace St. Genevieve Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phillip Roth  
 (b) Address Kennel Mo

17. (a) Burial (b) Date thereof Jan 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village Mo

18. (a) Signature of funeral director W. C. Basler  
 (b) Address St. Genevieve Mo

19. (a) Jan 10/40 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8<sup>th</sup>  
 year 1941 hour 7:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1  
 \_\_\_\_\_, 1937, to Jan 9, 1941  
 that I last saw her alive on Jan 6, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 2 yrs.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Secondary Anemia 1 yr  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? NO  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur E. Alexander (M. D. or other) M.D.  
 Address 26 Genevieve Mo Date signed 1-9-41

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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.....

*Lee C. Basler*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lee C. Basler*.....

Licensed Embalmer No. *1985*.....

P. O. Address *St. Augustine Fla*.....

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.