

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6768

Registration District No. 222

Primary Registration District No. 4531-5303 Registrar's No. 2

I. PLACE OF DEATH:

- (a) County Cooper
(b) City or town Rural - Pilot Grove, Mo.
(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 35 (Specify whether years, months or days)

8. (a) PRINT FULL NAME CHARLES EDWARD ROTH

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary ROTH 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar - 1 - 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Same

12. Name Louis Roth

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

14. Maiden name Mary Meiser

15. Birthplace unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Louis Roth

- (b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof Mar 14 (Month) (Day) (Year)

- (c) Place of burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director Hays & Painter

- (b) Address Pilot Grove, Mo.

19. (a) Feb. 26/41 (b) Mrs. E. B. McLutchen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cooper

- (c) City or town Rural (If outside city or town limits, write "RURAL")

- (d) Street No. Near, Pilot Grove, Mo. (If rural, give location)

- (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 ✓
that I last saw him alive on Not seen alive 19
and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic Endocarditis Duration, 92 H

- Due to _____

- Due to _____

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

- Major findings: Of operations ✓

- 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? ✓

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? 200

- (Specify type of place) While at work ✓ (e) Means of injury 3

28. Signature L. Meister (U. S. or other)

- Address Boonville Mo. Date signed 2/25/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-6-41

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

Signed

Leyton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Mo.

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.