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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8053

State File No. \_\_\_\_\_

MAR 19 1941  
Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Ste. Genevieve  
(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 \_\_\_\_\_)

In this community Life  
years, months or days)

3. (a) PRINT FULL NAME JAMES ROTH

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 Married

6. (b) Name of husband or wife Mollie Kennard

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 25 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Christian Roth

13. Birthplace Ste. Genevieve, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Yeagle

15. Birthplace Ste. Genevieve, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Roth

(b) Address Ste. Genevieve, Mo

17. (a) Burial (b) Date thereof Feb. 19. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo

18. (a) Signature of funeral director Geo C. Spahr

(b) Address Ste. Genevieve, Mo

19. (a) Feb 19/41 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve <sup>95-</sup>

(c) City or town Ste. Genevieve <sup>1</sup>  
(If outside city or town limits, write "RURAL") <sup>1</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 - 1941  
year 1941 hour \_\_\_\_\_ minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1939, to Feb. 17, 1941;  
that I last saw him alive on Feb 15, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute arthritis

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

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

Other conditions Cirrhosis of Liver & Chronic Nephritis  
(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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

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

706 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Robert H. Lansing, M.D. (M. D. or other) D  
Address Ste. Genevieve, Mo Date signed 2/19/41

Duration 3

PHYSICIAN 2

Underline the cause to which death should be charged statistically.

**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.....

*Geo. C. Basler*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Geo. C. Basler* .....

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

P. O. Address *Dr. Genciano Inc* .....

**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, fact should be so stated above.**