

APR 9 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10794
Do not use this space.

44
6
8

1. PLACE OF DEATH
(a) County Henry Registration District No. 349
(b) Township Springfield Primary Registration District No. 55-00
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Martha A Roney
(a) Residence, No. Henry Co St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert J Roney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1868
7. AGE YEARS 82 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo

FATHER 13. NAME Ira Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT T. H. Roney
(ADDRESS) Kansas city Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE May 4 1944

19. FUNERAL DIRECTOR (NAME) LaBoursley
(ADDRESS) Calhoun Mo

20. FILED March 4 1944 Ms. Patricia J. Simpson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3 1944

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1940 to March 2 1944

I last saw her alive on Dec. 18 1940 Death is said

to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza
37 W.

Date of onset
Dec. 10-40

Other contributory causes of importance: Chronic Bronchitis 1938

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) T. A. Blackmore _____ M. D.
(Address) Windsor Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

3047-1-12-38 I X14928

RECEIVED

District Health Officer No. 7,

District File Number 4-41-573

Date Filed 4-2-41

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, my self

....., or by

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

Signed J. A. Housep

Licensed Embalmer No. 3802

P. O. Address Calhoun

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.