

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14298

State File No. ....

Registration District No. 204

Primary Registration District No. 3013

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron  
(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 No.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

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

(d) Street No. 6th. & Harris  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Oliva Roden.

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

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

6. (b) Name of husband or wife Erike Roden 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11th. 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	21	hr. min.

9. Birthplace Helsingland 4 Sweeden  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

12. Name John Wiklund

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

14. Maiden name Anna Johnson

15. Birthplace 4 Sweeden  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl O. Roden

(b) Address Cameron

17. (a) Burial (b) Date thereof Apr. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Packard Cem

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) Apr. 7 1941 (b) A. E. H. H. H. H.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1941 hour 4:30 minute 19 M.

21. I hereby certify that I attended the deceased from 1938, 19\_\_\_\_, to April 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to \_\_\_\_\_  
Due to 4/6

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature J. P. Hines (M. D. or other) 0

Address Cameron Mo Date signed April 21

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

**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.....

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

Signed.....

*Jimmy Scott Buckston*

Licensed Embalmer No. *4092*

P. O. Address *Cameron, 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, fact should be so stated above.**