

FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11064

State File No. _____

Registration District No. 477 413

Primary Registration District No. 5559C

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Meramec Awp

(c) Name of hospital or institution: Jasper Co TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. 19th Hill St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William E. L. Roentgen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 10 minute 15 M.

4. Sex Male 5. Color of hair White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 2 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13 1942 to March 24 1942
that I last saw him alive on March 24 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 13 R1

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business mined

12. Name Unknown 9

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

14. Maiden name Unknown

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

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 _____

16. (a) Informant Bonnie Sinclair

(b) Address Joplin

17. (a) Burial (b) Date thereof Mar 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Memorial Park

18. (a) Signature of funeral director Walt City and Co

(b) Address Walt City Mo

19. (a) Mar 24 1942 (b) Mad Lilla Eagle
(Date received local registrar) (Registrar's signature)

23. Signature Jose E. Dwyer (M. D. or _____)

Address Walt City Mo Date signed 3/24/42

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

49
00

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1180

42-3-290

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

A K Mills

Licensed Embalmer No.

247

P. O. Address

Pepp City, 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.