

FILED MAY 4 1942

Registration District No.

Primary Registration District No. 2-0-02

Registrar's No. 137

49
2
5
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
6 days

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 806 Grand Ave (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Jesse Franklin Roe

3. (b) If veteran, name war.....

3. (c) Social Security No. 509-01-8093

4. Sex male 0. 5. Color or race White

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

6. (b) Name of husband or wife Irene 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: April (Month) 13 (Day) 1904 (Year)

8. AGE: Years 37 Months 11 Days 22 If less than one day hr. min.

9. Birthplace: Ave (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Joe Roe

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

14. Maiden name Rosa Gilbert

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

16. (a) Informant Mrs Irene Roa

(b) Address 806 Grand

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4 (Month) 4 (Day) 42 (Year)

(c) Place: burial or cremation Fredonia, Kan

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

(b) Address Fredonia, Kan

19. (a) 4-6-42 (Date received local registrar) (b) Hertendy Dusholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1942 hour 1.45 minute A M.

21. I hereby certify that I attended the deceased from 3-29-42 to 4-4-42, 19... to 4-4-42, 19... that I last saw him alive on 4-4-42, 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism

Due to post operative perforated gastric ulcer

Due to Generalized Chemo-petronitis

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

Major findings: Perforated gastric ulcer

Of operations.....

Of autopsy.....

117a

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 No

(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 E. Ernest Johnson (M. D. or other) 0

Address 524-27 - Trisco Date signed 4/4/42

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..... *Don Sebuck*

Licensed Embalmer No. *4008*

P. O. Address..... *Joplin, 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.