

Registration District No. 165

Primary Registration District No. 5231

State File No.

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Linn Township
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XXX
(Specify whether years, months or days) XX

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXX
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. XX

3. (a) PRINT FULL NAME Otas Routh

3. (b) If veteran, name war. XX
3. (c) Social Security No. XXX

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Routh
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan. 30, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 14
If less than one day XX hr. XX min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXX

MOTHER FATHER
{ 12. Name John Routh
13. Birthplace XXX Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Perlinna Caddell
15. Birthplace XXXX Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Opal R. Routh
(b) Address Stockton, Missouri
17. (a) Burial (b) Date thereof 6-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. 1d Union

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) July 2-42 (b) Mrs. Myrtle Bright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 42 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-21 1942 to 6-12 1942
that I last saw him alive on 6-12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 da
Duration
Due to Hypertension yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 830!
Of autopsy
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) (c) Means of injury

23. Signature Wm. B. Richter (M.D. or other)
Address Stockton, Mo. Date signed 7/2/42

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

20
0
0

1054

1942
MAY 8
RECEIVED

District Health Officer No. 7;

District File Number 7-42-745

Date Filed 7-10-42

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.