S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36582

FILED DEC 7 1942
Registration District No. 3003
Primary Registration District No. 3003
Registrar's No. 78

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Monett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether)
In this community: six years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Monett (If outside city or town limits, write "RURAL")
(d) Street No.: 706 Frisco ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Carlton Hart Root
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eulalia J. Root
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: September (Month) 26 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	29	hr. min.

9. Birthplace: Loraine (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER 12. Name: Emmit H Root
FATHER 13. Birthplace: Loraine (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Anna May Hinkley
MOTHER 15. Birthplace: Loraine (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs G. H. Root
(b) Address: 706 Frisco ave., Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem. Bolivar Mo
18. (a) Signature of funeral director: Callaway
(b) Address: Monett Missouri
19. (a) 11-28-1942 (Date received by local registrar) (b) Mrs Geo Harmon Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 25 year: 1942 hour: 4:10 minute: P M.
21. I hereby certify that I attended the deceased from Jan 1936 to Nov 25 1942; that I last saw him alive on Nov 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to: Hypertension	5
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Frank R Lewis M.D. (M. D. or other)
Address: Monett Mo Date signed 11/27/42

1320 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 12-42-1660
Date Filed DEC 4 1942

DEC 7 1942

DEC 11 1942

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monitor Md

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.