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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1942

Registration District No. 37

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4097

State File No. 40452

Registrar's No. 167

1. PLACE OF DEATH
(a) County: Cass
(b) City or town: Harrisonville
(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 ✓ (Specify whether years, months or days)
In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Harrisonville
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Romey R Rooks
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Addie Rooks
6. (c) Age of ~~husband or~~ wife if alive: 63 years
7. Birth date of deceased: Dec 22 - 1865 (Month) (Day) (Year)

8. AGE: Years 76 | Months 11 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: mooning contractor
11. Industry or business:
FATHER 12. Name: John Rooks
FATHER 13. Birthplace: Dont Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ellen Scott
MOTHER 15. Birthplace: Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Orlan Cash
(b) Address: Garnett Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Orient Cemetery
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE MO
19. (a) Dec. 16, 1942 (Date received by local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 15th day year 1942 hour 4 minute 25 A M.
21. I hereby certify that I attended the deceased from March 18, 1942, to Dec. 14, 1942; that I last saw him alive on Dec. 14, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Secondary Bronchopneumonia — Duration
Due to: Saccular Bronchiectasis
Due to:
Other conditions (Include pregnancy within 3 months of death): 107
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: 0
23. Signature: J. S. Triplett M. D. (M. D. or other)
Address: Harrisonville, Mo. Date signed 12/16/42

Dr Triplett 1047 (Licensed Embalmer's Statement on Reverse Side)

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 Ernest Remmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.