

FILED JAN - 4 1942
Registration District No. 352

Primary Registration District No. 6190

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

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Branson - near Munson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John T. Franklin Roof
3. (b) If veteran. name war NO
3. (c) Social Security No.

4. Sex male 5. Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Rosa Roof 6. (c) Age of husband or wife if alive 1872 years
7. Birth date of deceased Dec 19 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day
hr. min.

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

10. Usual occupation Railroad Retired

11. Industry or business

MOTHER FATHER { 12. Name Janey Roof
13. Birthplace Michigan (City, town, or county) (State or foreign country)
14. Maiden name Sarah Smith
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Roof
(b) Address Branson Mo

17. (a) Removal (b) Date thereof Dec. 16
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ch. Ill

18. (a) Signature of general director P.O. H. Helcher
(b) Address Branson Mo

19. (a) Dec-16-1942 (Date received local registrar) May Muller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Janey
(c) City or town Branson
(If outside city or town limits, write "RURAL")
(d) Street No. Branson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15
year 1942 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from VIEWED
THE BODY, 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY EMBOLUS
Due to ANGINA PECTORIS

Due to.....
Other conditions..... (Include pregnancy within 3 months of death) 94 L

Major findings:
Of operations.....
Of autopsy.....

Duration TIME OF DEATH SEVERAL YEARS

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 Gaul's Roberts (M.D. or other) F.O.
Address Branson, Mo Date signed 12/16/42

1106

RECEIVED

District Health Officer No. 6,

District File Number 1242-1778

Date Filed DEC 31 1942

JAN 19 1943

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.....

Embalmed
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Minnie L. Welchel*

Licensed Embalmer No *2277*

P. O. Address *Branson 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.