

S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24053**
Registrar's No. **3181**

FILED AUG 6 1943 149

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1411 East 40th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **30 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Leonard B. Roth**
3. (b) If veteran, **No** name war.....
3. (c) Social Security No. **495-05-0613**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **Mrs Mary K. Roth** 6. (c) Age of husband or wife if alive **50 yrs**
7. Birth date of deceased **Jan. 31, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 18 hr. min.

9. Birthplace **Quincy, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business **Hotel Phillips Barber Shop**

12. Name **August Roth**

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

14. Maiden name **Celatha Crenshaw**

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

16. (a) Informant **Mrs Mary K. Roth**

(b) Address **1411 East 40th. St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-21-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**
(b) Address **4316 Troost Ave.**

19. (a) **7-20-43** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1411 East 40th. St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19th.** year **1943** hour **2.35 A.M.** Minute **0** M.

21. I hereby certify that I attended the deceased from **June 1940** to **July 19 1943**
that I last saw him alive on **July 17 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**
Due to **Coronary atherosclerosis of**
Reclum coronari
Due to **46a**
Other conditions (Include pregnancy within 3 months of death)

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

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?

23. Signature **John T. Skinner** (M. D. or other) **MD**
Address **1402 Bryan Blvd** Date signed **7-19-43**

Duration **12 hrs**
3-4 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John E. Zwick

Licensed Embalmer No.....

3775

P. O. Address.....

H. C. Mc

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.