No. 2
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FILED SEP 9 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29625

Registration District No. 370 Primary Registration District No. 6256 Registrar's No.

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

11
0
0

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 None [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near McGee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Sherman Roe

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Caroline Roe
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb. 16, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	4	27	hr. min.

9. Birthplace — (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Not known
13. Birthplace " " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name Not known
15. Birthplace " " (City, town, or county) " (State or foreign country)
16. (a) Informant Daniel Vander
(b) Address McGee Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Brush Creek Methodist
18. (a) Signature of funeral director Lloyd S Morgan
(b) Address Advance Mo.
19. (a) July 20 1943 (Date received local registrar) (b) Inez Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 11 minute 10 P. M.
21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....;
that I last saw him alive on July 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

131 b

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 E. C. Masters (M. D. or other) D.O.
Address Advance, Mo. Date signed

1222

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 943-268-

Date Filed 9-8-43

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 Lloyd S. Morgan, Registered Apprentice No. ..... working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 5361

P. O. Address Advance, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.