

S. No. 2
M-2-43
5-17-39
I X35957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

135953

FILED NOV 10 1943

State File No. _____

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 95

12
2
0

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(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)

In this community 77 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 9.

(c) City or town Shelbina 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME Albert L. 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23rd 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 1 26 hr. min.

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

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Roe

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

14. Maiden name May Jane Williamson

15. Birthplace Hunnewell Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Varner

(b) Address Shelbina Mo.

17. (a) Burial, cremation, or removal _____ (b) Date thereof 10/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Miller & Packard

(b) Address Shelbina Mo.

19. (a) Nov. 3. 43 (b) Madge Brock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 9 1943 to Oct 19 1943;
that I last saw him alive on Oct 19 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of esophagus Duration 6 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46 a PHYSICIAN

Of autopsy _____ 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) (e) Means of injury _____

23. Signature A. L. Caldwell (M.-D. or other) D.O.

Address Shelbina Mo. Date signed Oct 28

1095

48

RECEIVED

District Health Officer No. 10

District File Number 11-431776

Date Filed **NOV 5 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.....

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

Signed Henry A. Parkes

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.