

FILED MAY 8 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **5068**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Barton Co**  
(b) City or town **Rural Doyle's Point**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **70 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton 6**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1 mile south 2 miles East Sheldon**  
(If rural, give location) **Mo.**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MINNIE GEORGIE RODEM**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **William Roder** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **March 4, 1872**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **1** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Vernon Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **Farming**

12. Name **John Shipko**  
13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Judy E Longacker**  
15. Birthplace **Cooper Co Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Roy Cunningham**

(b) Address **Sheldon R-2**

17. (a) **Burial** (b) Date thereof **April 9, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheldon Cemetery**

18. (a) Signature of funeral director **S. B. Beatty's Sons**

(b) Address **Sheldon Mo**

19. (a) **4-9-44** (b) **Martha River**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**  
year **1944** hour **2** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Apr 20 1944** to **Apr 27 1944**  
that I last saw her alive on **Apr 3 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
Duration **Several months**

Due to **Dont know**

Due to \_\_\_\_\_

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

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) (e) Means of injury

23. Signature **W. Love** (M.D. or other) **MD**  
Address **Nevada Mo** Date signed **4/7/44**

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

MOTHER FATHER

1179

RECEIVED  
District Health Officer No. 6  
District File Number 544-553  
Date Filed MAY 6 1944

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 E. Bernard Beery

Licensed Embalmer No. 4161

P. O. Address Sheldon 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.