

1-10-30 ✓

S. No. 2
OM-2-43
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED JUL 20 1944
Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 15 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence, Missouri 4
(If outside city or town limits, write "RURAL") 4

(d) Street No. 701 South Fuller
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME LOUIS A. ROEDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0 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 September 16 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 25 If less than one day
hr. min.

9. Birthplace Cincinnati Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Advertising Owner

MOTHER FATHER

11. Industry or business.....

12. Name Frederick Roeder

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna B. Emerson

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Burroughs

(b) Address 206 West 45th, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 6-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery, K.C. Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 6-13-1944 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
year 1944 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 5/29/44
..... 19..... to 6/11/44 19.....
that I last saw him alive on 6/11/44 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 14 days
Duration

Due to Hypertensive cardiac - vascular disease

Due to.....

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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)

(a) Means of injury.....

23. Signature Nance E. Lusk (M. D. or other)
Address First Nat'l Bldg, Indep, Mo. Date signed 6/13/44

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

116 3

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 *Floyd C. Carson*.....

Licensed Embalmer No. *4199*.....

P. O. Address *Independence, 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.