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V. S. No. 2
50M-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 1944

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
84 Wilson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 38 Years (Specify whether years, months or days)

In this community..... 38 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 84 Wilson Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Laura Roof

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Elmer B. Roof

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

7. Birth date of deceased March 17th. 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>22</u>	hr. min.

9. Birthplace Harvey County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Job Mather

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

14. Maiden name Sarah Lineus

15. Birthplace Jasper Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eddie Austin

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 7-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) July 11 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th.
year 1944 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1940
to July 9, 1944
that I last saw her alive on July 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 wk.

Due to Arteriosclerosis & myocardial degeneration

Duration about 15 yrs

Other conditions.....
(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?
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature Lou Ella Curry (M. D. or other)
Address Chillicothe Mo Date signed July 10/44

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

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.....

..... Elmer Thomas Registered Apprentice No.
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe, 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.