

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30288

State File No.

FILED SEP 26 1944
779

Primary Registration District No. 1002

Registrar's No. 3711

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2618 Victor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 29 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2618 Victor
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

John G. Roeder

3. (b) If veteran, name was Spanish Amer. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. 8 18 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 24 _____ hr. _____ min.

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

10. Usual occupation Guard Nelson Art Gallery

11. Industry or business _____

MOTHER FATHER

12. Name John G. Roeder
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Haeffner
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Victor L. Roeder
(b) Address 3219 So. Benton

17. (a) Spanish (b) Date thereof 9 15 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-20 Brooklyn

19. (a) 9-13-44 (b) J. E. Brown
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12
year 44 hour 1:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary fibrosis
Duration _____

Due to _____
Due to _____

Other conditions 11/42
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See above
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) _____
Means of injury _____
23. Signature J. E. Brown (M. or F.)
Address Kan Date signed 9/12/44

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

Signed Wm F. Jackson
Licensed Embalmer No. 3954
P. O. Address KC 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.