

FILED SEP 28 1944

Registration District No. **77**

Primary Registration District No. **5983**

Registrar's No. **88**

1. PLACE OF DEATH:

(a) County **Pulaski**

(b) City or town **Waynesville Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Rural 1. Carter**  
(If not in hospital or institution, write street number or location)

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

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pulaski**

(c) City or town **Waynesville Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural 1.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **KATHREN ROAM**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **M** 5. Color or race **W** 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 **May 5th 1860**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **28** If less than one day hr. min.

9. Birthplace **Waynesville Mo. Rural 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Edward Booker**

13. Birthplace **unknown Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Crumley**

15. Birthplace **unknown Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edna Mance**

(b) Address **Sunderborg mo.**

17. (a) **Burials** (b) Date thereof **7-4/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethley funeral home**

18. (a) Signature of funeral director **R. B. Deese**

(b) Address **Richland Mo.**

19. (a) **9-23-1944** (b) **Louisa M. Bode**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3** year **1944** hour **4** minute **0 AM**

21. I hereby certify that I attended the deceased from **Sept 3 - 1944** to **Sept 3 - 1944**, that I last saw him alive on **Sept 3 - 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **1 year**

Due to **unknown**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations.....

Of autopsy **none**

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) (Specify type of injury)

23. Signature **Orest A. Owen M.D.**

Address **Richland Mo.** Date signed **9/3/44**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

*R. B. [Signature]*  
Licensed Embalmer No. *3198*

P. O. Address.....  
*Rehland*

**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.**