V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6645

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Severing Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Marion E. Roots

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Roy Roots 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 18 (Day) 1884 (Year)

8. AGE: Years 60 Months 11 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Gerlach
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record. (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence R. Hack
(b) Address Hull, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Barry, Ill

18. (a) Signature of funeral director Fred T. Lufnagel
(b) Address 90 Barry, Ill

19. (a) 2-17-45 (Date received local registrar) (b) R. H. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1945 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1945 to Feb 9, 1945; that I last saw her alive on Feb 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to .....

Due to .....

Other conditions Encephalitis (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 [signature] (M. D. ~~or other~~)
Address [illegible] Date signed 2/16/45

1146

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....This body was not embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed George T. Bond

Licensed Embalmer No. 4373

P. O. Address 602 Broadway Hannibal 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.