

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 12005
Registrar's No. 1714

Registration District No. 1927/9

Primary Registration District No. 1002

18
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
In this community 7 days
(Specify whether years, months or days)

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. Parnell Missouri
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Roof

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1945 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4-12-45, 19... to 4-15-45, 19...;
that I last saw him alive on 4-15-45, 19...;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Bertha Roof

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 23rd 1883
(Month) (Day) (Year)

Immediate cause of death Cardio vascular accident with a hypostatic bronchopneumonia

Due to.....

Due to.....

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>22</u>hr.min.

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy NONE

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

10. Usual occupation Clerk Hardware

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name A.J. Roof

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

14. Maiden name Anna Stewart

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant A.J. Roof

(b) Address Parnell Missouri

17. (a) Removal (b) Date thereof 4-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Missouri

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?.....

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Missouri

19. (a) 4-16-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury.....

23. Signature Clark W Sealy MD (M. D. or other)
Address Med. Supt. K.C. Gen. Hospital Date signed.....

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 Chas E. Wells
Licensed Embalmer No. 2644
P. O. Address Honolulu, Oahu, T.H.

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.