

FILED MAY 21 1945

State File No. ....

Registration District No. 279

Primary Registration District No. 5986

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Tavern Town Ship 'Rural'  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Rural (Tavern Township)  
(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 Jasper Celces Roam

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 703-03-0964

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Iva Edith Roam 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased Mch. 31, 1894 (Month) (Day) (Year)

8. AGE: Years 52 Months 22 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Laborer

11. Industry or business Own Farm & Rail Road Co.

MOTHER FATHER { 12. Name Isaac Roam  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Margarett Smith  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Iva E. Roam

(b) Address Richland, Mo. R.F.D.

17. (a) Burial in Cem. (b) Date thereof 5/4/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons  
(b) Address Crocker, Mo.

19. (a) 5-7-1945 (b) Chas M. Dodd (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1945 hour 8 minute 30 A.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 Coronary thrombosis  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Years of injury \_\_\_\_\_

23. Signature B. T. Ambrose acting coroner  
Address Waynesville, Mo. Date signed 5/1/45

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

JUN 22 1945

JUN 5 1945

12:30

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 *Paul B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, Ma*

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.