S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Sewell 20366

State File No.

Registrar's No. 469

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 81

(a) State Missouri (b) County Phelps

(c) City or town Newburg 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Roemer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lena Bucnert Roemer

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

7. Birth date of deceased Oct. (Month) 14 (Day) 1864 (Year)

8. AGE: Years 80 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Pacific (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Locomotive Engineer

FATHER
12. Name Christian Roemer 1
13. Birthplace UNK. (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Schranidt
15. Birthplace UNK. (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant T.J. Roemer
(b) Address Newburg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Newburg, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-9-45 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1945 hour 2 minute 15p. M.

21. I hereby certify that I attended the deceased from April 3, 1945 to June 7, 1945
that I last saw him alive on 6-7-45, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder (papillary type)

Due to

Due to 52 l

Other conditions Senility,
(Include pregnancy within 3 months of death)

Major findings:
Of operations Extensive Carcinoma of bladder,
Of autopsy no

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 0

23. Signature Walter Sewell (M. D. or other) MD
Address Springfield Mo Date signed 7-8-45

984 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2457

P. O. Address.....

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.