

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33367

State File No. _____

FILED NOV 8 1945

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution:
Home on Highway #5
(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 Camden

(c) City or town Camden Gen Del.
(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 John Joseph Roofener

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1945 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 1
1945 to Oct. 12, 1945;
that I last saw him alive on Oct. 12, 1945;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color, or race W

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

6. (b) Name of husband or wife Martha Lee - (dec)

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

7. Birth date of deceased Dec 17 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 145

8. AGE: Years Months Days If less than one day

84 9 15 hr. min.

9. Birthplace Camden CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Simon Roofener

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

14. Maiden name Sarah Hopkins

15. Birthplace Fun!
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Roofener

(b) Address Camden, Mo. Gen Del

17. (a) Burial (b) Date thereof Oct 15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1 Pouch Cem.

18. (a) Signature of funeral director Banks W. Walcott

(b) Address Camden, Mo.

19. (a) Oct. 18-1945 (b) Zelpha D. Draw
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

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) Means of injury _____

23. Signature E. J. Cleason (M. D. or other)

Address Camden, Mo. Date signed Oct. 17-45

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

MOTHER FATHER

1578

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dis. Officer No. 7,

10-45-1059

Date 11-7-45

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 *Abbi Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Cambden, 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.