

FILED FEB 11 1946

Registration District No. 32

Primary Registration District No. 5712a

Registrar's No. 7

1. PLACE OF DEATH:  
 (a) County Bollinger  
 (b) City or town Rural "Scopus Twp"  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Polly Ann Roe  
 3. (b) If veteran, name war: \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced W   
 6. (b) Name of husband or wife George Washington Roe  
 6. (c) Age of husband or wife if alive 20 years  
 7. Birth date of deceased November 19 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>21</u>	hr. _____ min.

9. Birthplace Cape Gir. County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name John Tiehle  
 13. Birthplace Bollinger County Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Hartle  
 15. Birthplace Bollinger County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Roe  
 (b) Address Sedgeswickville Mo.

17. (a) Burial Burial (b) Date thereof 1-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedgeswickville Mo.

18. (a) Signature of funeral director William Stelby Seaburg

(b) Address 134th St. Mo.

19. (a) Jan 13/46 (b) Millie H. Caudenbury  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Mo.  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3 miles east Sedgeswickville  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th  
 year 1946 hour 6 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1st  
1946 to June 11th 1946  
 that I last saw her alive on June 10th 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Edo Endo-Coronitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 922  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Edwin Cristis (M. D. \_\_\_\_\_)

Address Sedgeswickville Mo. Date signed 1/13/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

054

Officer No. 4  
File Number 246-1682  
Date Filed 2-7-46

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.