

U.S. No. 2
FORM-2-43
Rev. 5-17-39
X35697

2506

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 22

FILED FEB 5 1946
Registration District No. 77

Primary Registration District No. 5303

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

6

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489

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Schott Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 12 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. Schott Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John E. Roudebush

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laurel

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

7. Birth date of deceased April 23, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 hour 9 minute X M. 46

21. I hereby certify that I attended the deceased from X 19X to X 1946
that I last saw him alive on Jan 18 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Apoplexy

Due to _____

Due to _____

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

10. Usual occupation Retired Newspaperman

Other conditions Hypertension
(Includes pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy No - Coronary notified

11. Industry or business _____

12. Name Unk

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

14. Maiden name Unk

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant William Norment

(b) Address Jefferson City, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence _____

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Removal & Burial Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo. Cem

18. (a) Signature of funeral director Victor Buischer

(b) Address Jefferson City, Mo.

While at work? at home (Specify type of place)

(e) Means of injury _____

19. (a) 1-29-46 (b) R. P. Harris, MD
(Date received local registrar) (Registrar's signature)

23. Signature John Roudebush (M. D. optional) _____
Address 626 Jefferson St Date signed Jan 29 46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-4-46

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 *Victor Busscher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.