

FILED MAY 2 1946

State File No.

Registration District No. 235

Primary Registration District No. 5877-4350 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Syncrease
(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 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Lee Roe

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dance Roe 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 11 1867
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Pilot Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shop worker

12. Name Robert Roe

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

14. Maiden name Frances Harrison

15. Birthplace Howard County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Sam Roe

(b) Address Syncrease, Mo.

17. (a) Burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wessington Mo

18. (a) Signature of funeral director Geo. Hillard

(b) Address Sedalia Mo.

19. (a) (Date received local registrar) (b) Mildred J Pearson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Syncrease
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Law 9
2 1 46 to 46 April 6 19 46
that I last saw him alive on April 7 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo phlebitis 3 days

Due to Arterio sclerosis 0 yrs

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 97

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 job of place) Means of injury

23. Signature Pat H Fogle (M. D. or other) 46
Ottumwa Mo Date signed 7/9

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

MOTHER FATHER

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

L. H. Parker

Licensed Embalmer No.

3840

P. O. Address

Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 235

Primary Registration District No. 4350

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Syracuse
(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 _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Oscar L. Roe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 12 (If less than one day, hr. _____ min. _____)

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

10. Usual occupation Retired

11. Industry or business Shop Worker

MOTHER, FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Michael F. Passau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

13941