

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 132

Primary Registration District No. 4203

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Galt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME VICTOR LEE ROOT

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

4. Sex M U 5. Color or race W 6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Edith Root 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 8-1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 24 hr. min.

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

10. Usual occupation Trucking & restaurant

11. Industry or business

12. Name Ed Root

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

14. Maiden name Haney Cummings

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

16. (a) Informant Edith Root

(b) Address Galt Mo

17. (a) Burial (b) Date thereof Apr 3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Ok Payne & Son

(b) Address Galt Mo

19. (a) 4-3-46 (b) Irene Jarr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1
year 1946 hour 2 minute 8 A. M.

21. I hereby certify that I attended the deceased from 7-1-1945 to 4-1-1946
that I last saw him alive on 3-30-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Organic heart disease (Mitral regurgitation)
Due to

Duration 10 dts

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy

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 G. C. Westover (M. D. or other) Mo
Address Galt Mo Date signed 4-1-46

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

10000

STATEMENT BY LICENSED EMBALMER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *P. R. Payne*.....

Licensed Embalmer No. *37400*.....

P. O. Address..... *Galt*.....

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.