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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22376

State File No.

FILED JUL 8 1946

Registration District No. 2 9

Primary Registration District No. 6079

Registrar's No. 42

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL STE. GENEVIEVE T.S.
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town RURAL
(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 J. ROTH

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-8830

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife THERESA ROTH

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JAN (Month) 1 (Day) 1901 (Year)

8. AGE: Years 45 | Months 5 | Days 16 | If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JOHN M. ROTH
13. Birthplace STE GENEVIEVE (City, town, or county) CO, MO (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE FRIEDMAN
15. Birthplace STE. GENEVIEVE (City, town, or county) CO. MO (State or foreign country)

16. (a) Informant Theresa Roth
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation STE. GENEVIEVE, MO.

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo

19. (a) June 20-46 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1946 hour 4 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CRUSHED SKULL. CAUSED BY TRACTOR UPSETTING ON HIM	
Due to ACCIDENTAL DEATH (VERDICT OF JURY)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170 8
38

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 95

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

(b) Date of occurrence JUNE 17 1946

(c) Where did injury occur? STE. GENEVIEVE (City or town) CO. (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FARM (Specify type of place)
While at work? YES (e) Means of injury

23. Signature Leo C. Basler Coroner (~~M.D.~~ or other) 3
Address Ste. Genevieve Mo Date signed 6-18-46

3.50

(Licensed Embalmer's Statement on Reverse Side)

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. Geo C. Barber

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.