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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

FILED JUL 24 1946

State File No. 24638

Registration District No. 240 Primary Registration District No. 4427 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 hrs (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Pulaski
(c) City or town Waynesville
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORA EUNICE-ROAM
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 Married
6. (b) Name of husband or wife Joe Ed Roam
6. (c) Age of husband or wife if alive 29 years
Birth date of deceased Dec. (Month) 6 (Day) 1918 (Year)

8. AGE: Years 26 Months Days If less than one day ..... hr. ..... min.

9. Birthplace Pulaski (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Virgil Roam
13. Birthplace Pulaski (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Maza Taylor
15. Birthplace Pulaski (City, town, or county) Mo (State or foreign country)
16. (a) Informant Glen Roam
(b) Address Waynesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem
18. (a) Signature of funeral director J. L. Hoopes & Sons
(b) Address Crocker Mo
19. (a) 7/22/46 (Date received by local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1946 hour 8:30 minute 12 M.
21. I hereby certify that I attended the deceased from July 12, 1946, to July 14, 1946 that I last saw him alive on July 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Due to Adherent placenta
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm R. Tuttle (M. D. or other)
Address Waynesville Mo Date signed 7/14/46

351 (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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crosby Ms.

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.