

S. No. 2
M-8-43
5-17-39
#1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED SEP 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 26362
Registrar's No. 983

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 79 years 1 month 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 313 North 9th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Eva Roella Roth
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frederick Roth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 15 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 5
If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Andrew Jackson Stiles
13. Birthplace Parkland Main
(City, town, or county) (State or foreign country)
14. Maiden name Mary Eliza Springstead
15. Birthplace New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Corn
(b) Address 719 So. 15th. St., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 8/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Missouri

19. (a) Sept. 3, 1946 (b) W. J. Malheur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20th.
year 1946 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from Aug 7, 1946 to Aug 20, 1946
that I last saw h. er alive on Aug 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure 8 days postoperative on Resection of Carcinoma of Transverse Colon.
Due to Resection of Carcinoma of Transverse Colon.
Due to
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Transverse Colon, resected Aug 12, 1946.
Of operations
Acute Congestive Heart Failure, Chronic Hepatitis.
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?

23. Signature Robert Howard (M. D. or other) MD.
Address 404 Tootle Bldg., St. Joseph Date signed 8-20-46
Mo.

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 *Albert R. Harrington*
Licensed Embalmer No. *3258 Missouri*
P. O. Address *St. Joseph, Missouri*

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.