

FILED MAR 13 1947

Registration District No. 32

Primary Registration District No. 5715

Registrar's No. 11

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

1. PLACE OF DEATH:
 (a) County Bollinger
 (b) City or town Rural Sedgewicksville
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bollinger
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 mile north Sedgewicksville
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Donald Lee Roe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May, day 5th, year 1947 hour 2:15 minute A M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S O
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from Feb. 25th 1947 to May 5th 1947 that I last saw him alive on May 1st 1947 and that death occurred on the date and hour stated above.

7. Birth date of deceased: January 17 1947
(Month) (Day) (Year)
 8. AGE: Years _____ Months 1 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Whooping cough
 Due to _____
 Due to _____

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

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

10. Usual occupation _____
 11. Industry or business _____
 12. Name Truman Roe
 13. Birthplace Bollinger County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Ruby Long
 15. Birthplace Bollinger Countr Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 9
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Truman Roe
 (b) Address Sedgewicksville Mo.
 17. (a) Burial (b) Date thereof 3-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sedgewicksville

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 0

18. (a) Signature of funeral director Wilson Staley Seabaugh
 (b) Address Jackson Mo.
 19. (a) 3-11-47 (b) Lillie Paulineburgh
(Date received local registrar) (Registrar's signature)

23. Signature Edwin Crites (M. D. _____)
 Address Sedgewickville Mo. Date signed 3/14/47

RECEIVED

Health Officer No. 4

File Number 347-357

3-12-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.