

Registration District No. **290**

Primary Registration District No. **4427**

Registrar's No. **122**

1. PLACE OF DEATH:

(a) County Tulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dewitt 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community 52 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81
(c) City or town Newburg 1
(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 Emer Archie Root

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 27 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Newburg MO 6
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Hephthiah Root
13. Birthplace Manson Ia 1
(City, town, or county) (State or foreign country)
14. Maiden name Luina Grant Hunt
15. Birthplace Moselle MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel W. Root
(b) Address Newburg MO

17. (a) Burial (b) Date thereof Sept 29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg MO

18. (a) Signature of funeral director Bee Johnson

(b) Address Newburg MO

19. (a) Oct 3 1947 (b) Thma C. Subblane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 1947 hour 2 minute 32 P.M.

21. I hereby certify that I attended the deceased from 9-16
1947 to 9-27 1947
that I last saw him alive on 9-27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Liverish fever Duration

Due to Chronic alcoholism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 O.P. Shilly (M. D. or other) 00
Address Waynesville Date signed 9-27-47

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

FEB 2 1948

10000

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg, Md

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.