. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5308

State File No. 41239

Registrar's No. 192

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Blackwater Township
(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) In this community ___

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Cooper 27
(c) City or town: Blackwater / 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: LOTTIE VANHORE-ROTH
3. (b) If veteran, name war ___
3. (c) Social Security No. ___
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frank Roth
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: December (Month) 13 (Day) 1873 (Year)
8. AGE: Years 74 Months ___ Days 5 If less than one day ___ hr. ___ min.
9. Birthplace: Circleville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
MOTHER FATHER
12. Name: James Green
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Elwood Roth
(b) Address: Blackwater, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 21 1947 (Month) (Day) (Year)
(c) Place of burial or cremation: Peninsula Cemetery
18. (a) Signature of funeral director: Hays-Painter
(b) Address: Pilot Grove, Mo.
19. (a) 12-23-47 (Date received local registrar) (b) D. Hooper (Registrar's signature) 381

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-15-47, 1947, to 12-18, 1947, that I last saw her alive on 12/18/47, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema & Acute Myocardial failure — Duration
Due to: Acute Coronary Occlusion
Due to: ___
Other conditions (Include pregnancy within 3 months of death): ___
Major findings: Of operations: 0 4 P
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? (Specify type of place)
While at work? ___ (e) Means of injury: 0
23. Signature: E. T. Humphreys M.D. (M. D. or other)
Address: Pilot Grove, Mo Date signed 12/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number
Date Filed 1-7-48

JAN 8 1948

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 myself, Registered Apprentice No., working under my personal supervision.

Signed Robert L. Painter

Licensed Embalmer No. 4269

P. O. Address Pilot Grove, 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.