S. No. 2
OM—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3614

Registration District No. 219 Primary Registration District No. 6078 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste Genevieve 95

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES ROTH

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 11

6. (b) Name of husband or wife EMMA SEWALD

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased MAY (Month) 2 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	8	23	..... hr. ..... min.

9. Birthplace Kinsey (City, town, or county) Mo 6 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name GEORGE ROTH 11
13. Birthplace BADEN (City, town, or county) GERMANY 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ..... (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant Edward A ROTH

(b) Address Kinsey Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrenceton Mo

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste. Genevieve Mo

19. (a) 1-31-48 (Date received local registrar) (b) Teresa M. Karl Dep (Registrar's signature) 2.50

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JAN day 25
year 1948 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from JAN. 2, 1947, to JAN. 25, 1948; that I last saw him alive on JAN. 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio S/cerois	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

97

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) M.D.

Address Ste. Genevieve Mo Date signed 1-26-48

(Licensed Embalmer's Statement on Reverse Side)

... Health Officer No. 4
... ct File Number 248-145
Date Filed 2-11-48

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 Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.