

No. 300
-10-47
5-17-39
VI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8895
Registrar's No. 1250

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Devine Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Marshall
(c) City or town Marysville
(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

Herman H. Roever

3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna Roever 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 8, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Hanover, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Henry Roever
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Lutz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Blackwood
(b) Address Marysville, Kans.

17. (a) removal (b) Date thereof 3-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hanover, Kans.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 42nd. St. & Mill Creek Pkway.

19. (a) 3-19-48 (b) M. Aldine Holmes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 11, 1948 to March 18, 1948
that I last saw him alive on March 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Urosepsis with Ascending Infection of Urinary Tract
Due to Purulent Urinary Cystitis

Due to Enlargement of Prostate Gland

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

Major findings: 1370
Of operations _____
Of autopsy _____

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)
(c) Means of injury 2

23. Signature C. H. Stults (M. D. or other) Do
Address 918 Oak, K. C. Mo Date signed 3/18/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1368

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address St. Louis City, 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.