No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9202

Registration District No. 160 | Primary Registration District No. 5592 | Registrar's No. 11

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hematite Rural Jackson
(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 14 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Hematite Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME August Roth
3. (b) If veteran, name war World War 1
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Rosie Behrent Roth
6. (c) Age of ~~husband or~~ wife if alive 64 years
7. Birth date of deceased January (Month) 3 (Day) 1893 (Year)

8. AGE: Years 55 | Months 1 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Ste Genevieve (City, town, or county) Mo. 17 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Joseph Roth
13. Birthplace Ste Genevieve (City, town, or county) Mo. 17 (State or foreign country)
MOTHER
14. Maiden name Theresa Pfaff
15. Birthplace Ste Genevieve (City, town, or county) Mo. 17 (State or foreign country)
16. (a) Informant Mrs Mary Roth
(b) Address Hematite Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Festus Catholic Cem.
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) Feb. 10, 1948 (Date received local registrar) (b) Clara Bellville (Registrar's signature) 14 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1948 hour 12 minute Noon M.
21. I hereby certify that I attended the deceased from ... 19... to ... 19...;
that I last saw h... alive on ... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Verdict of Jury By Suicide, According to the testimony he was temporarily insane.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 2/8/48
(c) Where did injury occur? His home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home, Near Hematite Mo (Specify type of place)
While at work? (e) Means of injury
23. Signature T. B. Edwards (M. D. ~~or other~~) Coroner
Address Cedar Hill Date signed 2/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 27 1948

MAR 30 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 Donald H Vungard, Registered Apprentice No. 71 working under my personal supervision.

Signed H H Vungard

Licensed Embalmer No. 3010

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.

No. 2B
M—5-43
P I X36930

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

APP 5 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME August Roth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 3 (Day) 1888 (Year)

8. AGE: Years 55 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 8
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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.

164C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(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? At home (e) Means of injury Shot gun

23. Signature T. B. Edwards (M. D. or other) Coroner

Address Cedar Hill, Mo Date signed 4/3/48

SUPPLEMENTARY

5-9202