

No. 2-17-39

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 19130

FILED JUN 26 1948

Registration District No. 120

Primary Registration District No. 5446

Registrar's No. 59

1. PLACE OF DEATH:

(a) County: Gentry

(b) City or town: Cape Tribble 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: 1 In hospital or institution. (Specify whether years, months or days)

In this community: 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gentry

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

(d) Street No.: South of Darlington, Mo.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: William Severson Roe

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

3. (c) Social Security No.: _____

4. Sex: male 5. Color or race: white

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

6. (b) Name of husband or wife: Lois Hoover

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: July 14 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation: farmer

11. Industry or business: _____

12. Name: Harlan S. Roe

13. Birthplace: Gallatin, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Birda McMillen

15. Birthplace: New Hampton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr Severson Roe

(b) Address: Darlington - Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 5/30/48
(Month) (Day) (Year)

(c) Place: burial or cremation: Grandview

18. (a) Signature of funeral director: [Signature]

(b) Address: Albany, Mo

19. Date received local registrar: June 14 - 48

(b) Registrar's signature: [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 6 minute 20 A.M.

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

Immediate cause of death: Myocardial thrombosis

Duration: 5 days.

Due to: Post. Coronary Occlusion Duration: 5 days.

Due to: aut. Duration: 7 years.

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

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: [Signature]

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) _____

(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: _____

23. Signature: Frank H. Rose (M. D. or other) M.D.

Address: Albany, Mo. Date signed: 5-25-48

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

MOVABLE FATHERS

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Clifford C. Burch

Licensed Embalmer No. 3329

P. O. Address Albany 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.