

FILED OCT 7 1948  
Registration District No. 222

Primary Registration District No. 6083

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

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Nelson, Mo.  
(c) Name of hospital or institution:  
Nelson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Saline  
(c) City or town Nelson  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country.

3: (a) PRINT FULL NAME Guy Harrison Root  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 6  
year 1948 hour 1 minute P.M.  
21. I hereby certify that I attended the deceased from investigated the death Sept. 6, 1948  
that I last saw him alive on ✓ 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
(a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hanna Mullins Root  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased Aug 29 - 1912  
(Month) (Day) (Year)

Immediate cause of death Homicide  
Due to Shot 4 times in back on right side with a .22 High power rifle - By Thunders Roberts  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations no  
Of autopsy no  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
36 0 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name Harry Root  
13. Birthplace unknown Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Cornum  
15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hanna Root  
(b) Address Nelson, Mo.

17. (a) Burial (b) Date thereof 9-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Peninsula Cem Co. Mo.

18. (a) Signature of funeral director Campbell Lewis  
(b) Address Marshall Mo.

19. (a) Sept. 7 - 1948 (b) Sidney T. Gray  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence Sept. 6, 1948  
(c) Where did injury occur? Nelson Saline Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at his home (Specify type of place)  
While at work? (e) Means of injury gun shot  
23. Signature L. P. Lawless Croner (M. D. or other)  
Address Marshall Mo. Date signed 9-6-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-48

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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 Bill Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.