

FILED MAY 10 1949

Registration District No. 254

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13274

Primary Registration District No. 4386

Registrar's No. 10

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer  
(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 3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon 75  
(c) City or town Thayer (If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William B. Roe  
(b) If veteran, name war \*\*\*  
(c) Social Security No. --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 23  
year 1949 hour 9:30 minute \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ester Roe  
(c) Age of husband or wife if alive 60 years  
7. Birth date of deceased: July 21 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1949 to Jan 23 1949  
that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death  
Chronic Colitis  
Super Secondary Anemia  
Due to Stability

9. Birthplace Frank Iron County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Blacksmith

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 4222  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Jessie Roe  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Martin  
15. Birthplace -----  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ester Roe  
(b) Address Thayer, Missouri  
17. (a) Burial (b) Date thereof 1-26-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clifton Cemetery  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Thayer, Missouri  
19. (a) 4-17-1949 (b) Ella Cross  
(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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address [Address] Date signed 3-7-49

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 549339

Date Filed 5-6-49

---

---

**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 \_\_\_\_\_

Licensed Embalmer No. 4576

P. O. Address Shawmut Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**