

FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14685

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 15-

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Orrick, Rural (Grading District)
(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 Missouri (b) County Ray
(c) City or town Orrick, Rural
(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 Alfred Roe

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 7 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name T.H. Roe
13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Odell
15. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Z.L. Sisk
(b) Address Orrick Mo.

17. (a) Burial (b) Date thereof Mar. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place? burial or cremation Odell Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.

19. (a) 3/29/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27
year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from May 1-46, 19____, to 3-27-47, 19____;
that I last saw him alive on 3-25-47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis - Coronary Flow Def.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A5H
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to 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?

While at work _____ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. or other) Do
Address Orrick Mo Date signed 3-29-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. P

District File Number

Date Filed

5-6-47

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, ~~###~~

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. W. Himmans*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.