

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9449
Do not use this space.

1. PLACE OF DEATH

(a) County Lawson ² Registration District No. 395
(b) Township Kan ¹ Primary Registration District No. 1002 Registered No. 1055
(c) City Kansas City (d) Street No. 3132 Highland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3132 Highland St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evelyn Roth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 8 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brick layer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Charles Roth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Betty Daugherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) John J. Roth
3132 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kans DATE 3/2/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody-McGilley
K. C. Mo.

20. FILED Mar 8, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1937 to 3-7 1939
I last saw him alive on 3-7 1939 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

Heart disease, by
perforation
92nd

Other contributory causes of importance:
Artic Insufficiency

Name of operation..... Date of.....
What test confirmed diagnosis? Aut. Find. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) P. F. De Maria, M. D.
(Address) Sub K C Gen Hosp

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.....

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, above space should be left blank.