

No. 2
-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24588

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 703

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
430 Blake
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME Anna Roth 300

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February (Month) (Day) (Year) 1893

8. AGE: Years 47 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Kansas City, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Samuel Shoup

13. Birthplace Wyndotte County, Kansas (City, town, or county) (State or foreign country)

14. Maiden name Mary Winsler

15. Birthplace Leavenworth, Co. Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.A. Roth (Husband)

(b) Address 430 Blake

17. (a) Removal (b) Date thereof July 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem. K. C. Mo.

18. (a) Signature of funeral director James E. Rupp

(b) Address 6054 Pryor Ave.

19. (a) 7-2-40 (b) H. O. Nestor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 40430a Blake
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1940 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 9, 1939 to July 1, 1940
that I last saw her alive on June 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 6 mo.

Due to Carcinoma of cervix uteri 6 mo. +

Due to Terminal condition
includes starvation and fluid
in pleural, pericardial and
peritoneal cavities.

Major findings: Of operations None

Of autopsy None

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? 85

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

23. Signature H. O. Nestor (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 7-2-40

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

MOTHER FATHER

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John E. Rupp

..... Licensed Embalmer No. 3986

..... P. O. Address St. Joseph, 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, above space should be left blank.