

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 116

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

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Boonville
(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 3 _____
(Specify whether
 In this community life.
years, months or days)

3. (a) PRINT FULL NAME Louis Roeder.
 (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Alvina Ehrhardt Roeder 6. (c) Age of husband or wife if 73 years

7. Birth date of deceased Sept. 14 " 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Implement Dealer

11. Industry or business Retail

12. Name George Roeder.

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhemina Shaffer
(City, town, or county) (State or foreign country)

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Roeder.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 29 " 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Holle
 (b) Address Boonville, Mo.

19. (a) 10-29-40 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Hoonville
(If outside city or town limit, write "RURAL")
 (d) Street No. 619-8th. St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 26 " year 1940 hour 4 minute _____ p.M.

21. I hereby certify that I attended the deceased from August, 1940, to Oct 26, 1940; that I last saw him alive on Oct 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (congestive heart failure)

Due to _____

Due to _____ 54

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (a) Means of injury _____

23. Signature T. C. Beckett MD
 Address Boonville, Mo Date signed 10-29-40

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-6-70

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 J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Doswell, 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.