

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4905**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **K.C. General Hospital No 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
(Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3834 Bell**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **EDWARD ROTH**
 3. (c) Social Security No. **513-10-0210**
 3. (b) If veteran, name war No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **24th**
 year **1940** hour **11** minute **25 A.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Ellen Roth**
 6. (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **March 3 1914**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-22-40** 19____ to **12-24-40** 19____
 that I last saw him alive on **12-24-40** 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Acute post operative mastoiditis with suppurative meningitis and thrombosis of lateral sinus.**

8. AGE: Years Months Days If less than one day
26 9 21 hr. min.

Due to _____
 Due to **8902**
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Pomona, Kansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer**

PHYSICIAN _____
 Major findings: Of operations _____
 Of autopsy **See above**
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name **Harry Tilton Roth**
 13. Birthplace **Scranton, Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Minnie Baker**
 15. Birthplace **Overbrook, Kans.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles M. Bailey**
 (b) Address **615 California Ave., Topeka, Kans.**
 17. (a) **Scranton** (b) Date thereof **Dec. 25, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Burial**
 18. (a) Signature of funeral director **M. M. Grome**
 (b) Address **1536 Minn. St.**
 19. (a) **12-25-40** (b) **M. M. Grome**
(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) (a) Means of injury
 23. Signature **William R. Moore** (M. D. or other) _____
Med. Dir. K.C. Gen. Hospital
 Address _____ Date signed _____

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. A. [Signature]

Licensed Embalmer No. *3122*

P.O. Address *333 1/2th St Kansas*

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.