

Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 2

5  
20  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Laverne  
 (b) City or town Marionville  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community 25 years years, months or days

3. (a) PRINT FULL NAME Rosa Armenta Roe  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 200-09-2929

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife David Roe 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Feb 29 1883  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name T. P. Gray  
 13. Birthplace Chobrick Co. (City, town, or county) (State or foreign country) Mo  
 14. Maiden name Myrtle Gerkin  
 15. Birthplace Wright Co. (City, town, or county) (State or foreign country) Mo

16. (a) Informant Oabe Roe  
 (b) Address Marionville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1941  
 (Month) (Day) (Year)

(c) Place: burial or cremation Marionville

18. (a) Signature of funeral director Artem B. Taylor  
 (b) Address Marionville

19. (a) Jan. 8, 1941 (Date received local registrar) (b) Rosa C. Connady (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Laverne  
 (c) City or town Marionville (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 7 year 1941 hour 8 minute PM

21. I hereby certify that I attended the deceased from Nov. 1 to Jan. 7, 1941, that I last saw her alive on Jan. 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to arteriosclerosis Duration 1 yr.

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) g 2/3

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

419  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury A

23. Signature Dr. W. A. W. Weaver (M. D. or other) Do.  
 Address Marionville, Mo Date signed 1/8/41

RECEIVED

District Health Officer No. 6,

District Two Interview

141-271

FEB 7 1941

Date Filed

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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

*Wm Bradford*

Licensed Embalmer No.

*2300*

P. O. Address

*Meresville*

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.