. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3769

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1117 East Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 East Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Lou Roe
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 12, 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	4	25	hr. min.

9. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name W.G. Roe
13. Birthplace Calhoun, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pearl Maier
15. Birthplace McGirk, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant W.G. Roe (father)
(b) Address 1117 E. Broadway, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill, Sedalia, Mo.
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.
19. (a) Jan 8-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 7:00 minute A M.
21. I hereby certify that I attended the deceased from 12/17, 1941, to 1/7, 1941;
that I last saw her alive on 1/6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ac. encephalitis (non epidemic)	10 da.
Due to	
Due to	
Other conditions Scurvy & rickets (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature J. W. Boger Mrs. (M. D. or other)
Address Sedalia Mo. Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Boger
120½ W. 5th

RECEIVED
District Health Officer No. 8,
Justice File Number
Date Filed 1-14-41

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.