

No. 2
4-18-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14785

State File No. _____

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 127

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

1. PLACE OF DEATH:

(a) County Jackson Blue Cross
(b) City or town Independence
(c) Name of hospital or institution: 1815 Arlington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ROY VIETH

3. (b) If veteran, name war none 3. (c) Social Security No. 496-09-4509

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence Vieth 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased may 11 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Adams Const. Co.

12. Name Red F. Vieth

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Block

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Vieth

(b) Address 1815 Arlington

17. (a) burial (b) Date thereof 5/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director George C. Brown

(b) Address Independence Mo.

19. (a) May 1, 1941 (b) H. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Arlington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1941 hour 4:45 minute P .M.

21. I hereby certify that I attended the deceased from _____, 19____, to Apr. 29, 1941; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Myocardial Arterio Sclerotic Disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) X
Major findings: Of operations _____
Of autopsy _____

Duration Instant death
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? no
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Chas. G. Burke (M. D. or other) 0
Address Independence Mo. Date signed 4/30/41

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 *David B. B. B.*

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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, fact should be so stated above.