

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942
Registration District No. 502

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42416
State File No. _____
Registrar's No. 37

Primary Registration District No. 4305

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Marceline
(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 _____
In this community 54 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME NOBLE HENRY ROE.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sally Urbach
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 27 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Dover Delaware
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____
MOTHER FATHER { 12. Name Henry Roe
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ann Collins
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geneva Poe Corbett
(b) Address Paris Arkansas

17. (a) Burial (b) Date thereof Dec 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director James M. Langhlin
(b) Address Marceline, Mo.

19. (a) 12-29-41 (b) Oliver Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. North Kansas Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour about 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec 22 1941 to Dec 28 1941;
that I last saw him alive on Dec 22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
found dead in bed

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature M. D. Patman (M. D. or other) M.D.

Address Marceline Mo Date signed Jan 8/42

JAN 29 1947

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline, Missouri

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.