

No. 2
-1-4-41
5-17-39
X26390

State File No. _____

Registrar's No. 78

FILED MAR 16 1942
Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1315 So. Lamine
(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
years, months or days)

3. (a) PRINT FULL NAME GRACE HELEN ROE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Oscar L. Roe 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Sept 24 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Bennett Joy
 13. Birthplace unknow Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Rayl
 15. Birthplace unknow Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Roe
 (b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 2-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director Yes
 (b) Address Sedalia Mo

19. (a) 2-23-42 (b) Mrs. Emma Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Putnam
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1315 So Lamine
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1942 hour 9 minute 30 P. M.

I hereby certify that I attended the deceased from May 22 1941 to Feb 21 1942
 that I last saw her alive on Feb 21 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chronic
Cardiac decompensation & edema

Due to _____
 Due to _____
 Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 61

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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Ernest S. Lauffer (M. D. or other) MD
 Address Sedalia, Missouri Date signed 2-23-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42

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 L. E. Beulah

Licensed Embalmer No. 3867

P. O. Address Sealain 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.