U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 878

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15845

State File No.

Primary Registration District No. 6161

Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Badger Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. F. Walker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 22 yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Vernon
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: S. F. Walker, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sarah E. Roof
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Frank Roof
6. (c) Age of husband or wife if alive, deceased: years
7. Birth date of deceased: June (Month) 21 (Day) 1871 (Year)
8. AGE: Years 70 Months 9 Days 26 If less than one day hr. min.
9. Birthplace: Bates Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Jacob Adams
FATHER 13. Birthplace: Cleveland (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Margrit Guy
MOTHER 15. Birthplace: Cleveland (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: J. T. Adams
(b) Address: Walker R. #2 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Blakely Cem.
18. (a) Signature of funeral director: Mark Eichinger
(b) Address: Nevada Mo.
19. (a) April 19, '42 (Date received local registrar) (b) Wesener Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 42 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from 4-11 1942 to 4-17 1942 that I last saw him alive on 4-12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertensive heart disease	

Major findings:
Of operations
Of autopsy 108

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: C. Brayton Davis (M. D. or other)
Address: Nevada, Mo. Date signed: 4-18-42

1226 (Licensed Embalmer's Statement on Reverse Side) C. Brayton Davis

RECEIVED
District Health Officer No. 7,
District File Number 5-42-475
Date Filed 5-8-42

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.