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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 184 — Primary Registration District No. 3038 — Registrar's No. 170

ED MAY 6 1943

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 515 W Clayton (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Roulette
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Mar (Month) 14 (Day) 1877 (Year)

8. AGE: Years 66 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Brunswick (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER
12. Name Jack Roulette
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Lena Roulette
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield Mo
18. (a) Signature of funeral director Homer Bowden
(b) Address Brookfield Mo
19. (a) 4-6-1943 (Date received local registrar) (b) W W Conn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 12 noon M.

21. I hereby certify that I attended the deceased from April 3, 1943, to April 4, 1943 that I last saw him alive on April 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Influenza	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other) MD
Address Brookfield Mo Date signed 4/5/43

(Licensed Embalmer Statement on Reverse Side)

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.

Rev. 1 X19511

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. Homer L. Bowden

Licensed Embalmer No. 3295

P. O. Address. Brookfield 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, above space should be left blank.