

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6483
Do not use this space.

FILED FEB 28 1944

1. PLACE OF DEATH

(a) County Barry Registration District No. 11
 (b) Township Sugar Creek Primary Registration District No. 5043 Registered No. 10
 (c) City Seligman (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ruth Roller
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jackson Vaughn Roller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, - 1856.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 15.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Edward E. Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER 15. MAIDEN NAME Melvinia Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) Marshall Roller - (Son)
Seligman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller (Mo) DATE Jun: 26 1944

19. FUNERAL DIRECTOR (ADDRESS) Koon
Cassville Mo

20. FILED Feb 1 1944 Grace Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1944 to Jan 25, 1944
 I last saw her alive on Jan 25, 1944. Death is said to have occurred on the date stated above, at 10:08 a.m.
 The principal cause of death and related causes of importance were as follows:

Tuberc - pneumonia
108
 Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify (Signed) Dr. Chas. R. Brown M.D.
 (Address) Seligman Missouri

WHITE PEARL, WITH UNFADING INK---THIS IS 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.

500

0077

RECEIVED

District Health Officer No. 61

District File Number 244-279

Date Filed FEB 25 1944

STATEMENT BY LICENSED EMBALMER

I, not embalmed, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. C. Koon

Licensed Embalmer No. 4359

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.)