

**FILED FEB 15 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5358**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Davies**  
(b) City or town **RR # 2 Cameron Mo**  
(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 \_\_\_\_\_ (Specify whether)  
In this community **1 yr** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Davies 31**  
(c) City or town **RR # 2 Cameron Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Victor Owen Roe**

3. (b) If veteran, name war **Spanish War** 3. (c) Social Security \_\_\_\_\_

4. Sex **Mo** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Pearl Pearl Roe** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 6 1889**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **20** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Edward W Roe**

13. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nannonia Henckley**

15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Pearl Roe**

(b) Address **Cameron RR # 2**

17. (a) **Burial** (b) Date thereof **Jan 29 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parson Mo**

18. (c) Signature of funeral director **James L Maslin**

(b) Address **Plattburg**

19. (a) **Jan 29 1946** (b) **Don Rely Budget**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**  
year **1946** hour **5** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Jan 26**  
**1946** to **Jan 26 1946**  
that I last saw him alive on **Jan 13 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration **1 hr**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **AFO**  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **A. O. Williland** (M. D. or other)  
Address **Cameron Mo** Date signed **1/29 46**

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

DEC 2 1946

SEP 13 1946

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 James L. Martin  
Licensed Embalmer No. 4303  
P. O. Address Plattsburg

**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.**