

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 171

Primary Registration District No. 4265

State File No. 6292

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Napoleon
(If outside city or town limits, write "RURAL" and name of township)

(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 59 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Roedel

3. (b) If veteran, name war no

3. (c) Social Security No. 602-03-7453

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 16, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>12</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Godfried Roedel

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

14. Maiden name Elizabeth Peifer

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

16. (a) Informant Mrs. Louis Borgman

(b) Address Napoleon, Missouri

17. (a) Burial (b) Date thereof 1-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington City Cemetery

18. (a) Signature of funeral director W. J. Evers

(b) Address Wellington, Missouri

19. (a) Feb. 19, '46 (b) Fella Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Wellington
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1946 hour 10.15 minute P.M.

21. I hereby certify that I attended the deceased from Nov 11, 1946 to Jan 24, 1946
that I last saw him alive on Jan 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Duration several minutes

Due to Non specific

Due to

Other conditions Asphyxia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (e) Means of injury

23. Signature W. J. Evers (M. D. or other)

Address Lexington, Missouri Date signed 1-26-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-5-46

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 W. Roy Ewen
W. Roy Ewen
Licensed Embalmer No. 4305
P. O. Address Wellington, Missouri

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.