

No. 2
1-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32587

State File No.

FILED OCT 17 1946

Registration District No.

Primary Registration District No. 5029

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rural
(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 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Mills 999

(c) City or town Glenwood 13
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Frances Lillian Root

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 6th
year 1946 hour 7 minute 20 P.M.

4. Sex Female 5. Color of hair Wh 6. (a) Single, widowed, married, divorced, Single

7. Birth date of deceased April 9th 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 24 1945 to OCT 5 1946
that I last saw her alive on OCT 5 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 5 Days 27 If less than one day
hr. min.

Immediate cause of death CARCINOMA OF STOMACH Duration 8 Mos.

9. Birthplace Westboro Atchison Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

Due to

Due to

11. Industry or business

12. Name George Root

13. Birthplace # New York
(City, town, or county) (State or foreign country)

14. Maiden name Ida Sage

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

Other conditions CHRONIC ENDOCARDITIS
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 46 B

16. (a) Informant Rose Root

(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 10-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Scott Traylor

(b) Address Westboro, Missouri

19. (a) Oct 8-46 (b) Dr. H. D. Cummins
(Date received local registry) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

23. Signature Thos F Fay (M.D. or other) MD
Address Westboro Mo Date signed 10-7-46

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

