

Registration District No. **34** Primary Registration District No. **5117**

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

1. PLACE OF DEATH:
 (a) County **Boone**
 (b) City or town **Columbia (Rural)**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **no**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone**
 (c) City or town **Columbia (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R 4** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary C Roth**
 3. (b) If veteran, name war **x**
 3. (c) Social Security No. **x**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **12th**
 year **1946** hour **3:30** minute **A** M.
21. I hereby certify that I attended the deceased from **Nov 12**
1946 to **Nov 12 1946**
 that I last saw him alive on **Nov 1**
 and that death occurred on the date and hour stated above.

4. Sex: **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **m**
 6. (b) Name of husband or wife **Henry C. Roth**
 6. (c) Age of husband or wife if live _____ years
 7. Birth date of deceased: **Nov 8th 1875**
 (Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**
 Due to _____
 Due to _____

8. AGE: Years **71** Months **x** Days **4**
 If less than one day hr. _____ min. _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: Of operations **94A**
 Of autopsy _____

9. Birthplace **Boone Co Mo**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Henry B. Craig**
13. Birthplace **Callaway Co Mo**
 (City, town, or county) (State or foreign country)
14. Maiden name **Nannie K. Davis**
15. Birthplace **Boone Co Mo**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Henry C Roth**
 (b) Address **R 4 Columbia MO**
17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **Nov 14-46**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **New Salem**

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director **P. O. Willett**
 (b) Address **Columbia**
19. (a) 11-20-46 (b) **Mrs. Mildred Burnett**
 (Date received local registrar) (Registrar's signature)

23. Signature **H. B. Craig** (M. D. or other) _____
 Address **Ashland MO** Date signed **11-16-46**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-25-46

NOV 9 1948

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed *Lyman H. Sprinkle*
Licensed Embalmer No. *4013*
P. O. Address *Columbia, 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, fact should be so stated above.