

FILED DEC 5 1946

Registration District No. _____

Primary Registration District No. **5881**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **OSAGE**
(b) City or town **Rural**
(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 _____ (Specify whether)
In this community **entire life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missour.** (b) County **OSAGE**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**
year **1946** hour **11** minute _____ P.M.
21. I hereby certify that I attended the deceased from **9/16/46** to **11/24/46**
that I last saw him alive on **11/16/46** at _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDITIS** Duration **2 1/2 Yrs**
Due to **RHEUMATIC FEVER**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **AMD**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**
23. Signature **R. H. de la Cruz**
Address **Belle, Mo** Date signed **11/26/46**

3. (a) PRINT FULL NAME **Herman August Roemer**

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

4. Sex **Male** Color **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Idia Roemer** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased: **May 29 1908**
(Month) (Day) (Year)

8. AGE: Years **38** Months **5** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **OSAGE County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **August Roemer**

13. Birthplace **OSAGE County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nerville Pickett**

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

16. (a) Informant **Dr. J. J. Bell**

(b) Address **Belle, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 27-46**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Koenig M. R. Cemetery**

18. (a) Signature **Idia Roemer**

(b) Address **Belle - Mo.**

19. (a) **11/29/1946** (b) **R. H. de la Cruz**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

235

(Licensed Embalmer's Statement on Reverse Side)

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:

Chester Lassmann

Licensed Embalmer No.

4178

P. O. Address.

Bland -

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.