S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14685

Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 15 –

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick, Rural (Fishing Creek Tp.)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Orrick. Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alfred Roe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 7 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name T.H.Roe 0
13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phebe Odell
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Z.L.Sisk
(b) Address Orrick Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Odell Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Richmond. Mo.

19. (a) 3/29/47 (Date received local registrar) (b) Helen J. Larkin (Registrar's signature) 777

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from May 1-46, 19, to 3-27-47, 19; that I last saw him alive on 3-25-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Carcinoma of Lower Lip

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 45A

Of autopsy

Duration

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 2

23. Signature [signature] (M. D. or other) D.O

Address Orrick Mo Date signed 3-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-6-47

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, ~~#~~ ~~by~~ ###

, Registered Apprentice No.

working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond. 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.