S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15602

Primary Registration District No. 3004

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1y 5m 90d (Specify whether

In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Jennings (If outside city or town limits, write "RURAL") 0

(d) Street No. 7216 Harvey (If rural, give location) 0

(e) Citizen of foreign country? yes (Yes or No) 1

If yes, name country Germany

3. (a) PRINT FULL NAME KONRAD ROTH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Frances Roth

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

7. Birth date of deceased Mar (Month) 19 (Day) 1860 (Year)

8. AGE: Years 88 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name dk 9
13. Birthplace dk (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name dk
15. Birthplace dk (City, town, or county) (State or foreign country) 9

16. (a) Informant Hospital records

(b) Address Fulton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-4/48 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Wallace F Home

(b) Address Fulton Mo

19. (a) 6-4-1948 (Date received local registrar) (b) Jane Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 3rd year 1948 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from June 1, 1948, to June 3, 1948; that I last saw him alive on June 3-1948, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	
Due to gen arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

932

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 0

23. Signature J C Caldwell (M. D. or other) MD

Address Fulton Mo Date signed 6/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUN 14 1948
Date Filed

JUL 13 1955

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 Walter J. Haines, Jr., Registered Apprentice No. 82, working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.