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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36248

Registration District No. 132 | Primary Registration District No. 3021 | Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County: Grundy
(b) City or town: Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 61 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton (If outside city or town limits, write "RURAL") 1
(d) Street No.: 908 Highland (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: James Fredrick Root
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora Alice Root
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: January (Month) 19 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	9	9	hr. — min.

9. Birthplace: Galt (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Railroad Car Repairman.
11. Industry or business: Railroad
FATHER
12. Name: John Wesley Root
13. Birthplace: Akeron Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Annaliza Moore
15. Birthplace: Stubenville Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Dora Alice Root
(b) Address: 908 Highland, Trenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: AFAM Cemetery
18. (a) Signature of funeral director: Gordon Blackmar
(b) Address: Trenton, Missouri
19. (a) 10-31-48 (Date received local registrar) (b) June Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 24th, 1948, to October 28, 1948, that I last saw him alive on Oct 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Thrombosis	30 Sec.
Due to: do not Know	
Due to:	

Other conditions: Had Influenza Oct 24 (Include pregnancy within 3 months of death) Oct 28
4 days previous to death

Major findings:
Of operations:
Of autopsy: 94

PHYSICIAN
Underline the cause of 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: Oliver Duffy M.D. (M. D. or other)
Address: Trenton Mo. Date signed: Oct. 30th 1948.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 17 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. Gordon Blackmore

Licensed Embalmer No. 4602

P. O. Address Trenton, Missouri

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.