

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13324

State File No. ....

FILED MAY 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5914 Registrar's No. 35

79  
0  
0

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brazeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>84 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>M.</u> c. (Last) <u>Roth</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 17 1865</u>	
9. AGE (In years) (Month) (Days) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Christain Roth</u>	
13b. MOTHER'S MAIDEN NAME <u>Magdaline Landgraff</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Theophil Roth</u>		ADDRESS <u>Wittenberg Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Febr. 14, 1949</u> , to <u>April 29, 1949</u> , that I last saw the deceased alive on <u>April 29, 1949</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Theodore Fischer, M.D.</u>		23b. ADDRESS <u>Altenburg, Mo.</u>	
23c. DATE SIGNED <u>4-29-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 12 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Frahna Mo.</u>		DATE REC'D BY LOCAL REG. <u>May 3 1949</u>	
REGISTRAR'S SIGNATURE <u>Jose J. Zoller</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons</u>	
ADDRESS <u>Perry, Mo.</u>		ADDRESS	

RECEIVED

District Health Officer No. 4

District File Number 549-639

Date Filed 5-11-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Wallace Young

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryville 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.