

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26494

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunecton</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunecton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-3-1858</u>
9. AGE (in years last birthday) <u>91</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Christopher</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Baden</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Maria</u>

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.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Emma Maria Roberts Bunecton</u>	
--	-------------------------	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u>		DUE TO (b) <u>arterosclerotic Heart Disease</u>		<u>1 Day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		<u>4 1/2 hr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>MI</u>		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) <u>8 8 49 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11-4-48, 19____, to 8-8-49, 19____, that I last saw the deceased alive on 2-7-49, 19____, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Stuart, M.D.</u>		23b. ADDRESS <u>3-29 Main, Cornville</u>	23c. DATE SIGNED <u>8-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 10</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Love Elm</u>	24d. LOCATION (City, town, or county) (State) <u>County Missouri</u>

DATE REC'D BY LOCAL REG. <u>Aug 10-1949</u>	REGISTRAR'S SIGNATURE <u>W. L. Shultz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Parker</u>	ADDRESS <u>Bunecton Missouri</u>
---	---	--	----------------------------------

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

27

RECEIVED

AUG 17

District Health Officer No. 8,

District File Number _____

Date Filed 8-24-49

REC'D
MAY 27 11 10 AM
MAY 27 11 10 AM

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

P. H. Parker

Licensed Embalmer No. 2547

P. O. Address Buncombe

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Cooper } ss.

State File No. 26497-4
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3 day of May, 1951, before me appears _____

Emma M. Roehrs, who, upon her oath, states that the original record of ~~birth~~ ^{death}

for John Henry Rohers ^{died} ~~born~~ August 8, 1949 in the State of Missouri, and which was filed at Jefferson City, Mo. on Aug. 25, 1949, should be corrected as follows:

Item No. 3 should read John Henry Roehrs

Instead of _____ John Henry Rohers

Item No. 17 should read Emma Maria Roehrs, Bunceton, Mo.,

Instead of _____ Emma Maria Rohers, Bunceton, Mo.,

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma M. Roehrs ^{Wife}
Relationship.

Bunceton, Missouri
Present Address.

Subscribed and sworn to before me this 3rd day of May, 1951

My Commission expires February 4, 1955 John H. Windsor Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

