

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 24 Days
years, months or days)

3. (a) PRINT FULL NAME James Walter Roth

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ollie Bybee Roth 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 8, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 4 If less than one day
hr. min.

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

10. Usual occupation Deputy County Clerk

11. Industry or business Moniteau County, Missouri

12. Name James Savane Roth

13. Birthplace Born at Sea
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schneider

15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant James B. Roth

(b) Address 7437 Park

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 7/11/1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 100 North Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 1941 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 6/4/41 to 6/11/41
that I last saw him alive on 6/11/41 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Oedema Duration 24 hrs

Due to Carcinoma Transverse Colon involving

Due to The Urinary Bladder

Other conditions (Include pregnancy within 3 months of death)
Perforation of Colon

Major findings: Of operations Carcinoma Transverse Colon - perforation

Of autopsy invasion of Urinary Bladder

Underline the cause to which death should be attributed.

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?

While at work? (Specify type of place) Means of injury

23. Signature John H. Ogilvie (M. D. or other)

Address 730 Prof Bldg Date signed 6/11/41

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.....

C. Hervey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

A. C. 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.