

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3118

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Moniteau
(b) City or town California
(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
years, months or days) 2003. (a) PRINT
FULL NAME Nancy Isabelle Roache3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓4. Sex Female5. Color or
race white6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife
Robert Irving Roache6. (c) Age of husband or wife if
alive 19 years7. Birth date of deceased April 13, Saturday 1910
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8697

hr. min.

9. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name John Page Sunderland13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Emeline Hall Sunderland15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emeline Hall Sunderland(b) Address California, Mo.17. (a) Burial (b) Date thereof Jan 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation California Masonic Cemetery18. (a) Signature of funeral director Baughman Funeral Home(b) Address California, Mo.19. (a) 1-22-40 (b) W. P. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1940 hour 11 minute 59 p. a. M.21. I hereby certify that I attended the deceased from
Dec 22, 1939 to Jan 20, 1940
that I last saw her alive on Jan 20, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral
Thrombosis ✓Due to Chronic myocarditis 31 daysDue to Chronic Cholelithiasis 4 yearsOther conditions Marked Secondary anemia
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____23. Signature J. P. Burke (M. D. or other)
Address California Date signed 1/22/40

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, M.

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, above space should be left blank.