REC'D JUL 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22091
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 406
(b) Township — Primary Registration District No. 4240 — Registered No. 20
(c) City Carl Junction — Ward No. — Carl Junction St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles A. Roney
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Cora Roney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22 1877
7. AGE: Years 60 — Months 6 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Roney
9. Industry or business in which work was done, as saw mill, bank, etc.: Merc. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carl Junction Mo.

FATHER
13. NAME: Chas Roney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Ohio

MOTHER
15. MAIDEN NAME: Charlotte Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Ohio

17. INFORMANT (ADDRESS): Mrs Cora Roney Carl Junction Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Carl Junc. DATE: 6 27 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ray K Shurden Joplin Mo
20. FILED: June 27 1938 — C W Roney, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on dead 6/23 1938. Death is said to have occurred on the date stated above, at 5:30 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Gun-shot by myself	
Shot gun - left chest	

Other contributory causes of importance: Bad health

Name of operation: none — Date of: —
What test confirmed diagnosis? — Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide — Date of injury: 6/23 1938
Where did injury occur? Carl Junction Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At his home
Manner of injury: Suicide
Nature of injury: Gun-shot - left chest
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. L. Winchester Coroner, M. D.
(Address) 358 Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.