

JUL 17 1939

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

22346  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Carthage Primary Registration District No. 3020  
(c) City Carthage (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene Benjamin Roach  
(a) Residence, No. 1423 S. Maple St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1869  
7. AGE YEARS 69 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Editor  
9. Industry or business in which work was done, as saw mill, bank, etc. Carthage Democrat  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessyville, Delaware  
13. NAME Dania Roach  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
15. MAIDEN NAME Mary M. Killianly  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
17. INFORMANT (ADDRESS) Mrs. E. B. Roach, 1423 S. Maple - Carthage  
18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Cemetery DATE June 19, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harold Mortuary, Carthage, Mo.  
20. FILED June 19, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3 to 12, 1939, to June 16, 1939.  
I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 4:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Nephritis Chronic  
Cerebral hemorrhage  
Date of onset 12/1  
Other contributory causes of importance:  
Arteriosclerosis  
Arteriosclerotic heart disease  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. Russell Smith, M.D.  
(Address) Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 739-1477

Date Filed JUL 13 1939

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**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 P. W. K. [Signature]

Licensed Embalmer No. 814

P. O. Address Carthage 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, above space should be left blank.**