

Registration District No. 608

Primary Registration District No. 6264

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural, Stella P# 11 Benton
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ward A. Roerbeck 61?
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joerna P. Roerbeck
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 11 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Rockford Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name Charles Henry Roerbeck
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Juliet Ward
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joerna Roerbeck
(b) Address Stella Mo. R#1

17. (a) Burial (b) Date thereof 9-2-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Green Cemetery

18. (a) Signature of funeral director Bobby Thompson
(b) Address Neosho Mo.

19. (a) 9-6-1939 (b) Ada Collings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Stella mo R#1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 31
year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1939, to Aug 31, 1939
that I last saw him alive on Aug. 30, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from stomach
Due to Tularemia
Due to _____
Other conditions (Include pregnancy within 3 months of death) 44 id

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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 Ada Collings (M. D. or other)
Address Stella Mo. Date signed _____

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.....

Sail K. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Corey Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo*

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

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