

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

35864
Do not use this space.

1. PLACE OF DEATH
 (a) County Colo Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3014
 (c) City Jefferson (d) Street No. St. Marys Hospital Registered No. 248
 (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 Reperia Fern Roark
 (a) Residence, No. morris Edmond additons (If nonresident, give county and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16. 1934
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
5. 0 3
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Missouri

FATHER 13. NAME John Roark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Etta Johns
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) My John Roark, Jefferson city, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Oct. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Taylor Service, Jefferson City, Mo

20. FILED 10/20/39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1939, to Oct 19, 1939
 I last saw her alive on Oct 19, 1939 Death is said to have occurred on the date stated above, at 10:00 m.
 The principal cause of death and related causes of importance were as follows:

Burns of body
 Date of onset 18/10/39
 Other contributory causes of importance: Toxic Nephritis Secondary
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Oct 18 1939
 Where did injury occur? Home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burns from light matches, clothes ignited
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. C. Bruce, M.D. (Address) Jefferson City, 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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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, _____

D. M. Davis.

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

D. M. Davis.

Licensed Embalmer No. _____

3741.

P. O. Address _____

Jefferson City, 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.