

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 561

Primary Registration District No. 5756

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon-Rural-Franklin
(If outside city or town limits, write "RURAL" and name of township)
(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 2
(Specify whether
In this community 620
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William HARRISON ROARK
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1940 hour 12⁰⁰ minute _____ A. M.
21. I hereby certify that I attended the deceased from March 1, 1940
_____ 19____, to March 9, 1940
that I last saw him alive on March 9, 1940
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZABETH ROARK
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased MAY 5 1840
(Month) (Day) (Year)

Immediate cause of death Apoplexy
Due to Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 99 Months 10 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER:
12. Name HENRY ROARK
13. Birthplace KY.
(City, town, or county) (State or foreign country)
14. Maiden name JANE HOUSER
15. Birthplace KY.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Roark
(b) Address Eldon

17. (a) Removal (b) Date thereof 3-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma

18. (a) Signature of funeral director Phillips Jernstedt
(b) Address Eldon Mo. 4715

19. (a) 3-16-1940 (b) Belle Haysler
(Date received local registrar) (Registrar's signature)

Duration instantly
Physician _____
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 James W. Allen (M. D. or other) MD
Address Eldon Mo Date signed 3-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

RECEIVED

Miller County Health Dep't.

County File Number 40-39

Date Filed 4-11-40

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Beeman

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.