

FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24870

State File No.

Registration District No. 171

Primary Registration District No. 4100

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Keytesville
(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 _____
(Specify whether)

In this community 12 years
years, months or days

8. (a) PRINT FULL NAME JAMES - ROACH 201

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen Roach

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 008 21 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	15	hr. min.

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

10. Usual occupation Not Employed

11. Industry or business Business (See Sect. 111)

12. Name Wm. K. Brown

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Roach

(b) Address Keytesville Mo.

17. (a) Burial (b) Date thereof July 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville Mo.

18. (a) Signature of funeral director Hyder & Earnest

(b) Address Keytesville Mo.

19. (a) 7-9-40 (b) Mrs. Roy Anderson
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Keytesville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour 8:10 minute 30 M.

21. I hereby certify that I attended the deceased from June 10
1938 to July 7, 1940

that I last saw him alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to _____

Due to 94 W

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

159 _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Carl C. Heger (M. D. or other) _____

Address Keytesville Mo. Date signed 7/8/40

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

0. 2
10-39
7-39
X21492

RECEIVED
District Health Officer No. 8
License File Number
Date Filed 8-9-40

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

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.