

No. 2
4-13-40
5-17-39
I X23159

State File No. _____

Registrar's No. 944

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: 1608 N. Florence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 Mon _____
years, months or days

3. (a) PRINT FULL NAME LOU PINECIA ROACH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anderson, R. Roach

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

7. Birth date of deceased March 18 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name George W. Bailey

13. Birthplace Unknown S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Marcy Neal

15. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis H. Roach

(b) Address 1608 N. Florence, Springfield, Mo.

17. (a) Burial (b) Date thereof Nov 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallerville, Miss.

18. (a) Signature of funeral director H. C. Florence

(b) Address Springfield, Mo.

19. (a) 11-25-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County _____

(c) City or town Pods Camp
(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 November day 24th
year 1940 hour 10:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11/20/1940
_____, 19____, to 11/24, 1940
that I last saw him alive on 11/23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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?
Yes

Signature Handley (M. D. or other _____)
Address Springfield, Mo. Date signed 11/25/40

Duration 50 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. Self working under my personal supervision.

Signed R. H. Williams

Licensed Embalmer No. 3681

P. O. Address Springfield, 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, fact should be so stated above.

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