

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1146**
Registrar's No. **106**

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME LOUIS O'ROARK

3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 16, 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business _____

12. Name Taylor O Roark

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

14. Maiden name unknown

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

16. (a) Informant George O'Roark

(b) Address 2620 n 75th st

17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings, Mo

18. (a) Signature of funeral director H. W. ...

(b) Address 25 E. MO

19. (a) Jan 9, 1941 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4517 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1941 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1-6-41, 19____, to 1-7-41, 19____;
that I last saw him alive on 1-7-41, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy and Dilatation; Chronic adhesive pericarditis; Acute pulmonary congestion and Edema; Bilateral Bronchopneumonia
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____
See above

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury ⊙

23. Signature James R. ... (M. D. or other) _____
Address Med. Bldg. Gen. Hospital, K.C. Mo. Date signed _____

Duration _____
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.....

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed

Francis Walter
J. R. [unclear]

Licensed Embalmer No. *2744*

P. O. Address *190, [unclear]*

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.