

FILED MAR 19 1941

Registration District No. 2-1-6

Primary Registration District No. 5688

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Rural  
(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 73 years  
years, months or days

3. (a) PRINT FULL NAME Samantha Ann Roark

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Robert Roark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 10 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 0 9 hr. min.

9. Birthplace Green County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Ruben Butram  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Gillette  
15. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. C. Leader  
(b) Address Seneca, Mo. R. 1

17. (a) Burial (b) Date thereof 2-21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director Bill Suggard  
(b) Address Seneca, Mo.

19. (a) 2-20-41 (b) Wm. Lee Harper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Seneca, Mo. R. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19  
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 18  
Feb. 18, 1941 to Feb. 19, 1941  
that I last saw her alive on Feb. 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Flu  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(s) Means of injury \_\_\_\_\_

23. Signature Rebecca (M. D. or other) \_\_\_\_\_  
Address Seneca Mo Date signed 2-21-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

MAR 6 1941

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

*James Weldon Buzzard*

Registered Apprentice No. *239*

working under my personal supervision.

Signed

*BW Buzzard*

Licensed Embalmer No.

*2334*

P. O. Address

*Seneca 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.