No. 2
-1-4-
-17-3
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22490

Registration District No. 726 Primary Registration District No. 3948 Registrar's No. 84

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Sumatra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mississippi River 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1260 Collier St. 8
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes name country

3. (a) PRINT FULL NAME Richard M. Roach

3. (b) If veteran, name war

3. (c) Social Security No. 488-18-5156

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hortense

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

7. Birth date of deceased ~~Jan~~ FEB (Month) 26 (Day) 1901 (Year)

8. AGE: Years 40 Months 3 Days ~~##~~ If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name John W Roach
13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Floy West
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hortense Roach
(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 23 (Day) 41 (Year)
(c) Place: burial or cremation G.V.B.P.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Missouri

19. (a) 6-24" 1941 (Date received local registrar) (b) Blanche Megrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 or 18 year 1941 hour xxxx minute xxx M.

21. I hereby certify that I held inquest by jury June 23rd, 1941, to, 19; that I last saw his body when found- 6/21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death verdict of jury; We the jury find that Richard M. Roach came to his death by some

Due to unknown means.

Due to The body was found in the Mississippi river about 300 feet from Missouri shore, directly East

Other conditions of Atlas Portland Cement plant, Ilasco, Saverton Twp.,
(Include pregnancy within 3 months of death)

Major findings: Of operations Ralls Co., Missouri. On June 21, 7:30 p.m. Inquest by jury eight wittnesses heard and above
Of autopsy verdict rendered to Coroner.

Duration

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? 1 53 (Specify type of place)
While at work? (e) Means of injury 3

23. Signature H E Caldwell Coroner (M. D. or other)
Address New London Mo. Date signed 6/22/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1266
Date Filed JUL 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hamilton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.