

Registration District No. 89 Primary Registration District No. 5131

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff Twp
 (c) Name of hospital or institution:
1 R.T.S. #5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.T.S. #5
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Henry Roach
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.
 4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth Roach 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Oct. 15, 1883
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 29 year 1941 hour 8:30 minute P.M.
 21. I hereby certify that I attended the deceased from Jan 2-1941 to Aug 29, 1941
 that I last saw him alive on Aug 28, 1941 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebrovascular
 Duration 2 days

8. AGE: Years Months Days If less than one day
57 9 14 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Fate Roach

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

14. Maiden name Jessie Keiser

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

16. (a) Informant's own signature Lynnan Roach
 (b) Address R-2 Poplar Bluff Mo.

17. (a) Burial (Burial, cremation, or removal) Rural (b) Date thereof 8/31/41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director Black's Mortuary
 (b) Address Poplar Bluff Mo.

19. (a) 9-3-41 (b) Della Kaine
 (Date received local registrar) (Registrar's signature)

Due to Hypertension
 Due to arteriosclerosis
 Other conditions Diabetes mellitus
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury fall

23. Signature John Hancher (M. D. or other)
 Address Poplar Bluff Mo. Date signed 9/20/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 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

Leslie D. Russell

Licensed Embalmer No.

3855

P. O. Address

Corning Ark,

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.