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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23967

State File No.

Registration District No. 89 — Primary Registration District No. 5-13 15130 — Registrar's No. 230

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Neely twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles / North of Neelyville, Mo (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 Mo (b) County Butler 12 0

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Neelyville, Mo. (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Roach

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Rosella | 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 26 (Month) 1865 (Day) (Year)

8. AGE: Years 77 | Months 5 | Days 28 | If less than one day — hr. — min.

9. Birthplace Gainesville, Ind (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Wm. Roach
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Rachel Sarver
15. Birthplace (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant John W. Harlan
(b) Address Neelyville, Mo.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 7-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Waynesville, Mo.

18. (a) Signature of funeral director Frank Und. Co.
(b) Address Poplar Bluff, Mo.

19. (a) 7-25-42 (Date received local registrar) (b) Billie Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 1942 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 20, 1942 to July 24, 1942 that I last saw him alive on July 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Brights Disease | Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132.2

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S F Farr (M. D. or other)

Address Neelyville Date signed July 24 42

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-954
Date Filed 8-4-42

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 Scott A. Colwell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.