

FILED DEC 31 1942

Registration District No. **671**

Primary Registration District No. **4269**

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

73  
4  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Newton**  
 (a) County **Seneca Mo**  
 (b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 **61 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **73**  
 (a) State **Missouri** (b) County **Newton** **4**  
 (c) City or town **Seneca** **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **John Henry Roark**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec.** day **18th**  
 year **1942** hour **1** minute **A** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Feb 1st 1881**  
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **May 8 - 1942** to **Dec. 18 1942**  
 that I last saw him alive on **Dec. 17 - 1942**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **61** Months **10** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **apoplexy**  
**Hypertension**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace **McDonald Co. Missouri** **0**  
(City, town, or county) (State or foreign country)

Other conditions **83a**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

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

12. Name **Sam Roark**

13. Birthplace **Missouri** **0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nannie Scarbrough**

15. Birthplace **Missouri** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maryann Roark**  
 (b) Address **Seneca Mo**

17. (a) **Burial** (b) Date thereof **Dec 21 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Swary Prairie Baptist**

18. (a) Signature of funeral director **[Signature]**  
 (b) Address **Seneca Mo**

19. (a) **12-29-42** (b) **W. R. Bennett**  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury  
 23. Signature **T. B. Drenth** (M. D. or other) \_\_\_\_\_  
 Address **Seneca Mo** Date signed **12-26-42**

---

---

**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 *Carey Thompson*  
Licensed Embalmer No. *3259*  
P. O. Address *Neosho 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.**