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M-542  
v. 5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 26 1943  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8011

State File No. ....

Registration District No. 374

Primary Registration District No. 6273

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County W. South  
(b) City or town Grant City, Mo.  
(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 years, months or days)

3. (a) PRINT FULL NAME JOHN ROACH  
3. (b) If veteran, ✓ name war ✓  
3. (c) Social Security No. ✓

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Annie Roach  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 2 1943  
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 19  
If less than one day hr. min.

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business  
12. Name John Roach  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Tubal  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Roach  
(b) Address Grant City, Mo.  
17. (a) Burial (b) Date thereof 1-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetzel cemetery  
18. (a) Signature of funeral director W. C. Dwyer  
(b) Address Grant City, Mo.  
19. (a) Feb 5, 1943 (b) Aylene Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County W. South  
(c) City or town Grant City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 21  
year 1943 hour minute M.  
21. I hereby certify that I attended the deceased from  
....., 19....., to....., 19.....;  
that I last saw him alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 93e  
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 W. C. Dwyer (M.D. or other)  
Address Grant City, Mo. Date signed 1-25-43

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**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.....

*Arch C. Dumble*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.**