

FILED APR 14 1943

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 21

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

1. PLACE OF DEATH: Ray

(a) County: Richmond Mo.

(b) City or town: Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street and number and location)

(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days)

In this community: All His Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo.

(b) County: Ray

(c) City or town: Richmond Mo.
(If rural, give location)

(d) Street No.: 344 South Camden Mo.
(If rural, give location)

(e) Citizen of foreign country? No U.S.A. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Aurthter Roark

3. (b) If veteran, name war: none

3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 24
year: 1943 hour: 6 minute: 30 A.M.

4. Sex: Male

5. Color of race: white

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

6. (b) Name of husband or wife: Catharine Mannion

6. (c) Age of husband or wife if alive: Aug. 14 th. 1897. years

7. Birth date of deceased: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-24-43, 19 to 3-24-43, 19; that I last saw him alive on 3-24-43, 19; and that death occurred on the date and hour stated above.

8. AGE: 45 Years Months Days If less than one day
7 10 hr. min.

Immediate cause of death: Phenobarbital Poisoning ✓ 1 day

9. Birthplace: Richmond Mo. (City, town, or county) (State or foreign country)

Due to: Chronic Alcoholism years

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Defence Worker

PHYSICIAN

Major findings: Underline the cause to which death should be charged statistically.

Of operations:

Of autopsy:

MOTHER FATHER

11. Industry or business: Kansas City Mo.
Lumber Plant Kan. City Mo.

12. Name: John E. Roark

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

14. Maiden name: Lucy E. Bohannon

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

16. (a) In residence: Richmond Mo.

(b) Address: 3-25-43.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Richmond Mo.

18. (a) Signature of funeral director: J. B. ... Richmond Mo.

(b) Address: Richmond Mo.

19. (a) Mar. 25 1943 (b) Mrs. ... Registrar's signature

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)

Means of injury:

23. Signature: J. S. ... (M. D. or D.D.S.)

Address: Richmond, Mo. Date signed: 3-24-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-12-43

DEC 11 1944

AUG 23 1944

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.....

J.B. Brothers

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

working under my personal supervision.

Brothers Funeral Home .

Signed..... *J.B. Brothers*

2001.

Licensed Embalmer No.....

P. O. Address..... Richmond 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11212
Registrar's No. 21

Registration District No. 297

Primary Registration District No. 3057

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(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 Charles A. 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 m

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

7. Birth date of deceased Aug 14 1888
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____ Day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above

Immediate cause of death hemobarbital poisoning Duration 1 day

Due to _____
Due to _____

Other conditions chronic alcoholism
(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) suicide

(b) Date of occurrence March 24, 1943

(c) Where did injury occur? Richmond Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? No (Specify type of place) (e) Means of injury poisoning

23. Signature Shos J. Kora (M. D. or other) _____

Address Richmond Mo Date signed 5-15-43

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

SUPPLEMENTARY

MOTHER FATHER

5-11212