

LED MAY 18 1943
Registration District No. 212

Primary Registration District No. 3044

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

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town EIDON
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER ⁶⁶

(c) City or town EIDON ¹
(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 _____ ⁰

3. (a) PRINT FULL NAME JAMES WILLIAM ROARK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18th
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April 16 to April 18, 1943
that I last saw him alive on Apr 18, 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

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

7. Birth date of deceased OCT. 17 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
with fat embolism
of the lungs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) § 26

8. AGE: Years 84 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace MILLER Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED SECTION FOREMAN

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY B. ROARK

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

14. Maiden name ELIZABETH MCCLURE

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Harry Roark

(b) Address Kansas City, Mo.

17. (a) BURIAL (b) Date thereof 4-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. PLEASANT CEMETERY

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? _____

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address 6600 E. Main St. Mo.

19. (a) 4-20-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Eidon Mo. Date signed 4/20/43

1114

RECEIVED

Miller County Health Dep't.

County File Number 47-38

Date Filed 5-8-43

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.....

Mrs. O. Phillips
....., Registered Apprentice No.....
working under my personal supervision.

Signed *George D. Phillips*
.....

Licensed Embalmer No. 3663

P. O. Address Eldon

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.