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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22065

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 54

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

73
3
2

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 East McKinney 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 201 East McKinney 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country 0

3. (a) PRINT FULL NAME LILLIAN JAY ROARK

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

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Henry C. Roark
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased may 28 (Month) 1876 (Day) (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John J. McNatt
13. Birthplace Aurora (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Blankenship
15. Birthplace Bolivar (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Henry C Roark
(b) Address Neosho, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 7.1943 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Neosho, Missouri

19. (a) 6-7-1943 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1943 hour 1 minute 30p M.

21. I hereby certify that I attended the deceased from Jan 1941 to June 5, 1942, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis from radical breast 1941	
Due to Rt lung particularly involved	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5.0
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 R C Larson 0 (M. D. or other)
Address Neosho Mo Date signed 6/7/43

(Licensed Embalmer's Statement on Reverse Side)

Date Received JUN 28 1943
File no. 143-21.

JUL 2 1943

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 Ogle Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho Missouri

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.