

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Miller

(c) City or town Eldon  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Mary Jane Roark

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased ## Sept. 1 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>22</u>	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Ambrose Brockman

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

14. Maiden name Martha Conner

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

16. (a) Informant J. A. Roark

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 10-25-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

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

(b) Address Eldon, Missouri

19. (a) 10-25-45 (b) Alvertha Walt  
(Date received local registrar) (Registrar's signature)

1415

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1945 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Oct 23, 1945;  
that I last saw him alive on Oct 22, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema & bronchitis  
for chronic nephroses & myocarditis

Due to Chronic Nephroses & Myocarditis

Due to.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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

Major findings:  
Of operations.....

Of autopsy..... 31/15

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 M. Miller (M. D. or other)  
Address Eldon Date signed 10/24/45

RECEIVED

Miller County Health Dept.

County File Number.....

Date Filed 12-1-45

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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.....

Louis D. Phillips

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

working under my personal supervision.

Signed

*Louis 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.**