

FILED MAR 26 1947

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 22

## 1. PLACE OF DEATH:

- (a) County Phelps  
 (b) City or town St James  
 (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 NAMERay Roark

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex male5. Color or  
race white6. (a) Single, widowed, married,  
divorced \_\_\_\_\_

## 6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

## 7. Birth date of deceased.

10-10-18  
(Month) (Day) (Year)1869  
(Year)

## 8. AGE:

Years

Months

Days

If less than one day

79126

hr. \_\_\_\_\_

min. \_\_\_\_\_

## 9. Birthplace

Osage Co

(City, town, or county)

MO

(State or foreign country)

## 10. Usual occupation

Laborer

## 11. Industry or business \_\_\_\_\_

12. Name St - Roarka13. Birthplace Osage Co

(City, town, or county)

MO

(State or foreign country)

14. Maiden name Dale Roark

## 15. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

16. (a) Informant Chas Roark(b) Address St James MO17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof 12-18-45  
(Month) (Day) (Year)(c) Place: burial or cremation city cem

## 18. (a) Signature of funeral director

W E Huckler(b) Address St James MO19. (a) 3-13-1947  
(Date received local registrar)(b) Cora C Birmingham  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Phelps  
 (c) City or town St James 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 12 day 15  
year 1945 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from

12-12-1945 to 12-15-1945  
that I last saw him alive on 12-15-1945  
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic PneumoniaDue to Coronary ThrombosisDue to Ch. NephroticOther conditions 

(Include pregnancy within 3 months of death)

Major findings:

Of operations Of autopsy 

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 E A Sotom

(M. D. or other) \_\_\_\_\_

Address St James Hospital

Date signed \_\_\_\_\_

**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

*W. H. Luckler*

Licensed Embalmer No. *1970*

P.O. Address

*St. James 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.**