

No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17403  
Registrar's No. 24

FILED JUN 12 1946  
Registration District No. 208

Primary Registration District No. 5764

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

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Harrison (Warren Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R#3 Palmyra  
(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:  
(a) State Missouri (b) County Marion <sup>64</sup>  
(c) City or town Harrison <sup>0</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#3 Palmyra <sup>0</sup>  
(If rural, give location) <sup>0</sup>  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Roach  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 23  
year 1946 hour \_\_\_\_\_ minute 10<sup>30</sup> AM.  
21. I hereby certify that I attended the deceased from May 22 1946  
1946, to May 24 1946  
that I last saw him alive on May 22 1946  
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 Kate 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased December 9, 1869  
(Month) (Day) (Year)

Immediate cause of death Arterial Sclerosis Duration 8 h  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
76 5 13 hr. \_\_\_\_\_ min.  
9. Birthplace Ralls Co. Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Faxaler

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy g.i.w.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Charles Tor Roach  
13. Birthplace Virg. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Susana Florence  
15. Birthplace Virg. 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Jessie Otten  
(b) Address R#3 Palmyra Mo  
17. (a) Burial (b) Date thereof May 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Palmyra  
18. (a) Signature of funeral director James O'Donnel  
(b) Address Harrison Mo  
19. (a) 5-27-46 (b) Louis Boone  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature P. T. Powell (M. D. or other) \_\_\_\_\_  
Address Palmyra Mo Date signed 5/23/46

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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.....

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

working under my personal supervision.

Signed..... *H. M. O'Donnell* .....

Licensed Embalmer No. *3889* .....

P. O. Address..... *Hannibal 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.**