

State File No. _____
Registrar's No. _____

FILED APR 21 1948

Registration District No. 148 Primary Registration District No. 5570

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Buckner (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
home of daughter / (SE of town)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community a short time only (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Buckner - rural
(If outside city or town limits, write "RURAL")
(d) Street No. West 6 miles on U.S. No. 24
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Dora Belle Roach
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles Roach 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24 year 1948 hour 3:00 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 1, 1948 to March 24, 1948
that I last saw her alive on March 24, 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Hypostatic pneumonia (lobar) Duration 4 da.
Due to myocardial degeneration 3 yrs.
Due to hypertension 5 yrs.
Other conditions (Include pregnancy within 3 months of death)
Major findings: 99P
Of autopsy _____

9. Birthplace Worth, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Samuel Hontz
13. Birthplace Worth, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Bina Barber
15. Birthplace not known (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. James Trabue
(b) Address Buckner, Mo. (Rural)
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Union W. Leppert
(b) Address Buckner, Missouri
19. (a) 3-26-48 (Date received local registrar) (b) Union W. Leppert (Registrar's Signature)

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 2)
23. Signature L. W. Higgins (M.D. or other) 50
Address Buckner Mo. Date signed 3/25/48

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

MOTHER FATHER

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.....

Ralph O Jones

Registered Apprentice No. *61*

working under my personal supervision.

Signed *V. M. Reppert*

Licensed Embalmer No. *7311*

P. O. Address.....

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.