

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 26571

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2115

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1104 MONROE AVENUE 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 8 YEARS
 years, months or days)

3. (a) PRINT FULL NAME MRS. MARGARET M. ROARKE

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 MR. LAWN ROARK 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 17 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Butler Payne 0

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

14. Maiden name Sarah Hudson 0

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

16. (a) Informant James E. Roark

(b) Address 1008 Archibald

17. (a) Removal (b) Date thereof July 30, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem. Jefferson

18. (a) Signature of funeral director DW Newman & Son

(b) Address 1401 BRUSH CREEK BLVD, K.C. Mo.

19. (a) 7-30-48 (b) Seraldine Holm
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1104 MONROE AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1948 hour 6 minute 20 AM

21. I hereby certify that I attended the deceased from 7/24/48
Only 1948 to 1948
 that I last saw him alive on 7/24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident
Hypertension & Diabetes
 Due to _____ ?

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

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)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 3401 E 120th Date signed 7/29/48

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

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

MOTHER FATHER

3401 E. 12th St.
1:30

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.