S. No. 300
10.48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27547

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 279

Marion Co. Dist. No. 644 3

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

1. PLACE OF DEATH

a. COUNTY: MARION Found Floating in Mississippi R.

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pulled to bank in Hannibal

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): By a Fisherman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Illinois

b. COUNTY: 812 D 8

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockport

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): George Roach

b. (Middle):

c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Found 8/7/50

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 7, 1886

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Not known

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Not Known

13b. MOTHER'S MAIDEN NAME: Not Known

14. NAME OF HUSBAND OR WIFE: Mary Loege Roach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Mary Beswick Rockport, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict of jury

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Came to his death in unknown manner

DUE TO (c) Presumably by drowning.

INTERVAL BETWEEN ONSET AND DEATH: E 369 48

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Crawford Smith Coroner

23b. ADDRESS: Hannibal Mo.

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/8/50

24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet

24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 8/10/50

REGISTRAR'S SIGNATURE: Dr E. M. Lucke By WC Fisher Deputy 189

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W. Crawford Smith Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

Marion Co Reg

RECEIVED AUG 17 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 19 1950

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 ..... this body was not embalmed ....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed N. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.