

REC'D MAR 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7582
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 411
(b) Township Seneca Primary Registration District No. 4365 Registered No. _____
(c) City Seneca (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILSON CARL ROARK 6610
(a) Residence, No. _____ St. (If nonresident, give city, or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Winnie Roark OR WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Carstin Roark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Dennessee Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Minnie Roark
Seneca Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Cemetery DATE 3-2-1938
19. FUNERAL DIRECTOR (ADDRESS) W. W. Hayward
Seneca Mo.
20. FILED Feb 28 1938 Merle Sparkin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 1, 1937, to 2 28, 1938.
I last saw him alive on 2 28, 1938. Death is said to have occurred on the date stated above, at 10-30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____ (Signed) W. C. Garrison M. D.
Seneca Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, B. W. Buzzard Licensed Embalmer No. 2334
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed B. W. Buzzard
Licensed Embalmer No.

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.)