

S. No. 2
—11-10-39
v. 5-17-39
No. 1, X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19232

State File No. _____

Registrar's No. 65

Registration District No. 677

Primary Registration District No. 4403

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rolla Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town St James Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi south of St James
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME

JOE M. Roark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 - 19 - 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Chambers Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Ed Roark

13. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Zelma Roark

15. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Roark

(b) Address St James Mo

17. (a) Burial (b) Date thereof 6 - 2 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director W. E. Licklider

(b) Address St James Mo

19. (a) June 4, 1940 (b) Joe F. Myers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1940 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death died from a bullet through the left lung
accidentally inflicted from a shot fired by city marshal Joe Pace while resisting and due to escaping arrest

Duration

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

Major findings: Of operations 184

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence _____

(c) Where did injury occur? St James Phelps Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 610

While at work? _____ (Specify type of place) (e) Means of injury bullet wound

23. Signature Oral Licklider (M.D. or other) Coroner

Address St James Mo Date signed 6-2-40

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

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

Sanctuary Health Officer No. 5,

File Number 679

Date Filed 6/24/20

Signed *Oral E. L. Kilds*

Licensed Embalmer No. 3946

P. O. Address St James

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, above space should be left blank.