

FILED JAN 6 1940

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

42716
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 389
(b) Township Myatt Primary Registration District No. 5573 Registered No. _____
(c) City _____ (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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Roark
(a) Residence, No. Howell Co. no Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF - Tina Madden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 12
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) Kentucky (STATE OR COUNTRY)

FATHER 13. NAME John M. Roark

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Sparks

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Albert D. Roark (ADDRESS) Koshkonong, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayside Cem. DATE 10/9/40

19. FUNERAL DIRECTOR (NAME) Leo Carr (ADDRESS) Thayer, Mo.

20. FILED 10-9- 1940 Vida W SIMONS Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1940

22. I HEREBY CERTIFY That I attended deceased from Sept 12 1940 to Oct 7 1940
I last saw him alive on Oct 7 1940. Death is said to have occurred on the date stated above, at 7:55 P. M.
The principal cause of death and related causes of importance were as follows:

Uremia
Myocardial Heart Disease
Albemic Hypertension
General Atherosclerosis
Date of onset Sept 12

Other contributory causes of importance: General Atherosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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 of injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) W. W. Carr M. D.
(Address) Thayer, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No 5,

District File Number 1246179

Date Filed _____

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 _____

Licensed Embalmer No. 2852

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, above space should be left blank.