

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Oak Grove Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Oak Grove
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Roach
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 6...

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 5, year 1942 hour 3 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Nov. 4, 1942, to Nov. 5, 1942
 that I last saw him alive on Nov. 5, 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec 31 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 13 hours
 Due to Hypertension Over 2 yrs
 Due to arteriosclerosis and senility
 Other conditions Senility
(Include pregnancy within 3 months of death)
 Major findings: none
 Of operations _____
 Of autopsy none

8. AGE: Years 79 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Retired Elevator

12. Name (Thornton) mill-Roach

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

14. Maiden name Winters

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

16. (a) Informant Hubert Roach

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director J. B. White

(b) Address Oak Grove Mo

19. (a) Nov. 9, 1942 (b) R. W. J. Palchuck
(Date received local registrar) (Registrar's signature)

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) _____
 (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) (e) Means of injury D.
 23. Signature J. B. White (M. D. or other) D.O.
 Address Oak Grove, Mo. Date signed 11/6/42

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

48
00

MOTHER FATHER

DEC 19 1946

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 ROBERT

Licensed Embalmer No. 235-3

P. O. Address Blue Spring 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.