

FILED JAN 16 1947 STANDARD CERTIFICATE OF DEATH

State File No. 32

Registration District No. 2

Primary Registration District No. 5011

Registrar's No. 121

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town CLAY
(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 81 yrs. years, months or days)

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Fillmore MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name William G Roach

13. Birthplace un known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ann Messick

15. Birthplace un known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Roach

(b) Address Rosedale MO

17. (a) Burial (b) Date thereof 1-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravelly Hill

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah MO

19. (a) 1-3-47 (b) Dudley Roach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew
(c) City or town near Fillmore
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3
year 1947 hour 2 minute 10 a.m.

21. I hereby certify that I attended the deceased from Jan 1st 1944 to Jan 3rd 1947
that I last saw him alive on Dec 2nd 1946
and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris Duration 2 years

Due to _____

Due to _____

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

Major findings: 94B
Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. C. Hoshorn MD (M. D. or other) _____

Address Savannah MO Date signed 1-4-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.