

FILED DEC 4 1942

State File No. _____

Registration District No. 57

Primary Registration District No. 5210

Registrar's No. 34

17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Carroll

(b) City or town Colomas Holkomand htp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of Maude Woodson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marcellia Jewell O'Roark

3. (b) If veteran, name war _____

8. (c) Social Security No. NONE

4. Sex f

5. Color or race w

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Jessie L. O'Roark

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

Birth date of deceased Dec 25 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 16 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name don't know

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

14. Maiden name don't know

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

16. (a) Informant Maude Woodson

(b) Address Gogard Missouri

17. (a) Buried (b) Date thereof 11/12/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon

18. (a) Signature of funeral director Clifford W. Austin

(b) Address TINA Missouri

19. (a) November 12-1/2 (b) Mrs Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1942 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Nov 9, 1942
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompenstion with Acute Dilatation

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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) _____

(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 _____

23. Signature Y. J. Stearns or other _____

*Address Gogard Mo Date signed 11/11/42

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 12-3-42

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 _____

Clifford W Austin

Registered Apprentice No. _____

working under my personal supervision:

Signed _____

Clifford W Austin

Licensed Embalmer No. _____

3233

P. O. Address _____

Time, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36853
Registrar's No. 34

Registration District No. 57 Primary Registration District No. 5210

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carroll - State Normal Rural
(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.....
In this community 60 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maullia Jewell O'Rourke
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec 25 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 19 (If less than one day) min.

9. Birthplace 1800 Patton (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business.....

12. Name She's not known
13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name No Not Known
15. Birthplace No (City, town, or county) (State or foreign country)

16. (a) Informant Maude Warden
(b) Address Bogard Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Freemans Cemetery

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Time Mo

19. (a) Nov. 12-42 (Date received local registrar) (b) Mrs Edger Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 15 year 1942 hour 5:00 minute 4 M.
21. I hereby certify that I attended the deceased from Nov 9 1942
that I last saw him/her alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Cardiac Decompensation
and acute dilatation
Due to.....
Other conditions (include pregnancy within 3 months of death).....

Major findings:
Of operations.....
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).....
(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.....

23. Signature G.G. Alcorn (M. D. or other) P.O.
Address Bogard Mo Date signed 11-11-42

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

MOTHER FATHER

TEMPORARILY
SUPPLEMENTAL

S-36853