Nr. 7	D	EALTH OF MISSOURI FICATE OF DEATH State File No	L2
X32873	Registration District No. 297 Primary Registration Dist	trict No. 3057 Registrar's No. 2/	
	1. PLACE OF DEATH: Ray	2. USUAL RESIDENCE OF DECEASED:	117
J. E.	(a) County Richmond No.	(a) State MO. (b) County Ray	
RECORD	(b) City or town	(c) City or town Richmond Mo. 3/4 Streeth a Candely. Moreural.	<del></del>
	nope (If not in hospital or institution, write street nu作の例像ation)	[] (a) Street No.	<i></i>
PERMANENT	(d) Length of stay: In hospital or institution	(If rural, give location)	(V N-)
IAN	In this community All His Life (Specify whether years, months or days)	(e) Citizen of foreign country? U.S.A.  If yes, name country.	(Yes or No)
ERN		· MEDICAL CERTIFICATION	<u> </u>
A PI	3. (a) PRINT Charles Aurther Roark	20. DATE OF DEATH: Month March day 24	
	3. (b) If veteran, 3. (c) Social Security	year 1943 hour 6 minute 30	А. м.
INK-MAKE	name war	21. I hereby certify that I attended the deceased from	
	Male 5. Color on hite 6. (a) Single, widowed married, Married divorced.	3-24-43 19 to 3-24-43	;
IN IN	6. Calcher humand pratification 6. (c) Age of husband or wife if	that I last saw half alive on 2-24-43 and that death occurred on the date and hour stated above.	19
_ 1	Aug. 14 thlive 1897. years	Immediate cause of death	, Duration
BLACK	7. Birth date of deceased (Month) (Day) (Year)	Phenobarbital Poisoning	l_day
	, transf	Due to	
UNFADING	45		
ZA.D	Richmond Mo.	Due to	. •
S	9. Birthplace (City, towa, or county) (State or foreign country)	Chronia Alcoholiam	vears
-USE	10. Usual occupation Defence Worker	Other conditions Chronic Alcoholism (Include pregnancy within 3 months of death)	<u>year</u> s
Ϋ́	11. Industry or business   Kansas City Mo   Equiper   12. Name   John E. Roark   12. Name   John E. Roark   1.	Major findings:	PHYSICIAN
LY	A Same John B. Roark	Of operations	Underline the cause to
A K	(City, town, or abouty) (State or foreign country)	Of autopsy.	which death should be
WRITE PLAINLY	E 14. Maiden name Lucy E. Bohannon  Stribulage Ray Co. Mo		charged sta- tistically.
E	15. Birthplace (ty, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:	V
ZE	16. (a) /Itherania R Chimond Ino.	(a) Accident, suicide, or homicide (specify)	***************************************
	(b) Address 3-45-43.	(c) Where did injury occur?	
	17. (a) Brief Charles removal) (b) Date thereof (Month) (Day) (Year)  Richmond Mo	(Clty or town) (County)  (d) Did injury occur in or about home, on farm, in industrial place, in p	(State) ublic place?
	(c) Place: burial of cremation	(Specify type of place)	
	18. (a) Signature of funeral director Richmond Mo.	While at work Means of injury	7
` ,	19. (a) May 25 19436) Mas (has W Shippend	23. Signature (M. D. or X Address Richmond, Mo. Date signed	
.41	(Date received local registrar) (Registrar's signature) (Licensed Embalmer's St	Address   N. L. Olimoliu   M. O.   Date signed	17-5

RECEIVED clistrict Health Officer No. 8, District File Number\_\_\_

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		VAC	
· Q			

## STATEMENT BY LICENSED EMBALMER

	· •	
I hereby certify that the body whose name is recorded on the revers	rse side of this certificate was embalmed by me, or by	
J.B.Brothers	•	•
O &D &DIO ONCIO	, Registered Apprentice No	•••••

working under my personal supervision.

Brothers . Funeral .. Home .

2001.

Licensed Embalmer No..... Richmond 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.

S. No. 2B  BERRAU OF THE CENSUS  STANDARD CERTIFICATE OF DEATH  STANDARD CERTIFICATE OF DEATH  Registration District No. 297  Primary Registration District No. 30.57  Registration District No. 30.57	
Registration District No. 297 Primary Registration District No. 30.5 Registrat's No. 2  1. PLACE OF DEATH: (6) County (7) City or town. (7) City or town. (8) City or town. (1) State. (2) City or town. (1) City or town. (2) City or town. (2) City or town. (3) State. (4) Street No. (6) Street No. (6) Citizen of foreign country? If yes, name country. If yes, name country.  MEDICAL CERTIFICATION  20. DATE OF DEATH: Month  21. I hereby certify that tympheted the land for the state of the state	12
1. PLACE OF DEATH:  (a) County.  (b) City or town.  (ii) Edit is beginned or institution.  (iii) Anne of hospital or institution.  (iii) County.  (c) Name of hospital or institution.  (iii) Length of stay: In hospital or institution.  (iii) County.  (iii) State.  (iv) County.  (iii) State.  (iv) County.  (iii) County.  (iv) County.  (iii) County.  (iii) County.  (iv) County.  (i	
(a) County. (b) City or town. (c) Name of hospital or institution. (d) Length of stay: In hospital or institution. (d) Length of stay: In hospital or institution. (specify whether in this community.  In this community.  3. (a) FRINT C.  3. (b) If veteran.  3. (c) Social Security  No.  4. Sex.  5. Color or  6. (a) Single, uidowed, married, divorced.  4. Sex.  5. Color or  6. (b) Name of husband or wife.  6. (c) Age of husband or wife if pulse in the property of the stay	/ 
3. (c) Social Security No.  20. DATE OF DEATH: Month. year. bour. 21. I hereby certify that i stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased that the deceased from that Hereby certify that is stranged that the deceased that t	
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3. (c) Social Security No	(Yes or N
3. (c) Social Security No.  20. DATE OF DEATH: Month. year. bour. 21. I hereby certify that i stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged the deceased from that Hereby certify that is stranged that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased that the deceased from that Hereby certify that is stranged that the deceased that the deceased that the deceased from that Hereby certify that is stranged that the deceased that t	<u></u>
3. (a) H veteran, name war. No. No. 1. Sex	
AGE: Years Months Days If less than one day  9. Birthplace (City, town, or county)  10. Usual occuprod: 11. Industry or business (City, town, or county)  11. Birthplace (City, town, or county)  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  17. Birth date of deceased (Month)  18. AGE: Years Months Days If less than one day Due to (Value to country)  19. Due to (Include pregnancy within 3 months of death)  11. Industry or business (City, town, or country)  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (apecify)	
AGE: Years Months Days If less than one day  9. Birthplace (City, town, or county)  10. Usual occuprod: 11. Industry or business (City, town, or county)  11. Birthplace (City, town, or county)  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (City, town, or county)  17. Birth date of deceased (Month)  18. AGE: Years Months Days If less than one day Due to (Value to country)  19. Due to (Include pregnancy within 3 months of death)  11. Industry or business (City, town, or country)  22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (apecify)	
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AGE: Years Months Days If less than one day  9. Birthplace	, 19
8. AGE: Years Months Days Off less than one day  9. Birthplace (City, devn. or county) (State or foreign country)  10. Usual occupation  11. Industry of business  12. Name (City, town, or county) (State or foreign country)  13. Birthplace (City, town, or county) (State or foreign country)  14. Maiden name (City, town, or county) (State or foreign country)  15. Birthplace (City, town, or county) (State or foreign country)  16. (a) Informant (City, town, or county) (State or foreign country)  16. (a) Informant (a) Accident, suicide, or homicide (specify)	Duration
8. AGE: Years Months Days (If less than offe day)  9. Birthplace (City, dayn, or county)  10. Usual occupation  11. Industry or business  12. Name (City, town, or county)  13. Birthplace (City, town, or county)  14. Maiden name (City, town, or county)  15. Birthplace (City, town, or county)  16. (a) Informant (State or foreign country)  17. Which is then offe day (State or foreign country)  18. AGE: Years Months (Days (It less than offe day)  19. Due to (Other conditions (Include pregnancy within 3 months of death)  10. Usual occupations (Include pregnancy within 3 months of death)  11. Industry or business (City, town, or county) (State or foreign country)  12. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	/ aa
10. Usual occupation  11. Industry of business  12. Name	0
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10. Usual occupation  11. Industry of business  12. Name	
12. Name	<u> </u>
12. Name	PHYSICIA
(City, town, or county)  (State or foreign country)  (State or foreign country)  (State or foreign country)  (City, town, or county)  (City, town, or county)  (State or foreign country)  (City, town, or county)  (City, town, or county)  (State or foreign country)  (A) Accident, suicide, or homicide (specify)	Underli
16. (a) Informant	the cause which dear should b
(City, town, or county) (State or foreign country)  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (specify)	charged st tistically.
16. (a) Informant	
(b) Date of occurrence	_ _ 3
17. (a) (b) Date thereof (c) Where did injury occur? Recline Roy	'~
(City or town) (County)  (Burial, cremation, or removal)  (Month) (Day) (Year)  (d) Did injury occur in or about home, on farm, in industrial place, in	(State) public plac
18. (a) Signature of funeral director.  While at work? No (Specify type of placa) (e) Means of injury?	<del></del>
(b) Address	
19. (a) (Date received local registrar) (Registrar's signature)  23. Signature To J (M. D. error M. Date signature)  Address Lucius To Date signature	-

5-11-71-7