

DEC 15 1937

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

40940  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Carroll Registration District No. 156  
(b) Township Grand River Primary Registration District No. 5219 Registered No. 83  
(c) City Harmonville Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Roberta Greene Jennings  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Henry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased at this occupation (month and year) Nov 27 1937 11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo

FATHER 13. NAME Thomas M. Douglass  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo

MOTHER 15. MAIDEN NAME Mary E. White  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo

17. INFORMANT (ADDRESS) Wm Henry Jennings  
Harmonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem. Cem DATE Nov 30 37

19. FUNERAL DIRECTOR (ADDRESS) Atkinson Bros  
Harmonville Mo

20. FILED Dec 1 1937 EM Griffith  
Harmonville Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 27 1937 to Nov 28 1937  
I last saw her alive on Nov 7 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Cholerae morbus  
acute indigestion  
Date of onset 11-27-37  
1298

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Harris M.D.  
(Address) Harmonville Mo

STATEMENT BY LICENSED EMBALMER

I, Floyd Atkinson, Licensed Embalmer No. 3920

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Floyd Atkinson  
Licensed Embalmer No. 3920

**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.)**