

EMPH AUG 14 1940  
Registration District No. **3009**

Primary Registration District No. **3009**

Registrar's No. **246**

1. PLACE OF DEATH:

(a) County **CAPE**  
(b) City or town **CAPE GIRARDEAU**  
(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) **2**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME **Justus A. Roberts 163**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARtha BARKS** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Aug - 9 - 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>11</b>	<b>11</b>	hr. _____ min. _____

9. Birthplace **Cape County** (City, town, or county) (State or foreign country) **V**

10. Usual occupation **Retired FARMER**

11. Industry or business \_\_\_\_\_ **0**

12. Name **John Roberts**

13. Birthplace **Cape County** (City, town, or county) (State or foreign country)

14. Maiden name **MARtha WARNER**

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

16. (a) Informant **RAY Roberts**

(b) Address **CAPE GIRARDEAU**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **7-23-40** (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **L. L. HAMAN**

(b) Address **CAPE GIRARDEAU**

19. (a) **7-21-40** (Date received local registrar) (b) **J. M. Thompson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CAPE**  
(c) City or town **CAPE GIRARDEAU** (If outside city or town limits, write "RURAL")  
(d) Street No. **1000 N. Frederick St** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **20**  
year **1940** hour \_\_\_\_\_ minute **15 P.** M.

21. I hereby certify that I attended the deceased from **6-1-40** to **7-20-40**, 19**40**  
that I last saw him alive on **7-20-40**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Hypertension**  
**arterio-sclerosis**

Due to \_\_\_\_\_

Due to **471**

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? **121**

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

23. Signature **Chas. J. Hackett** M. D. or other \_\_\_\_\_

Address **Cape Girardeau Mo** Date signed **7-21-40**

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

**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.....

*L. L. Hamon*

Licensed Embalmer No. 2863

P. O. Address.....

**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.**