

SEP 13 1940

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 202

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

1. PLACE OF DEATH

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 12 Hrs.
(Specify whether years, months or days) 163

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1443 Kingsland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Margaret Sibella Roberts

8. (b) If veteran, name war _____ 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Luther M. Roberts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 25, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Scotland Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Matthew R. Buchanan
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Allen
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Buchanan
(b) Address Downing, Mo.

17. (a) Burial (b) Date thereof 8-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing, Missouri

18. (a) Signature of funeral director Dee Riley
(b) Address Kirkville, Missouri

19. (a) Sept 2/40 (b) Spencer L. Heaman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 25th day August
year 1940 hour 8 minute 05 PM

21. I hereby certify that I attended the deceased from Aug 24
1940 to Aug 25, 1940
that I last saw him alive on Aug 24th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstructions Duration 4 days

Due to probable & previous of Intestines

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/6

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: F
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?

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

23. Signature Spencer L. Heaman (Self or other) 1
Address Spencer L. Heaman Date signed 8-26-40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1724

Date Filed SEP 10 1940

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

Laura A. Riley

Registered Apprentice No.

working under my personal supervision.

Signed

Laura A. Riley

Licensed Embalmer No.

39107

P. O. Address

Kirksville 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.