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FILED OCT 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32564

State File No. _____

Registration District No. 354

Primary Registration District No. 4326

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Mill Grove
(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 2
In this community 78 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Clay Roberts

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 Melinda Roberts 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. 26 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Work

11. Industry or business _____

MOTHER FATHER { 12. Name Joshua Roberts
18. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Sally Ann Sandland
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Melinda Roberts
(b) Address Mill Grove MO

17. (a) Burial (b) Date thereof July 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mill Grove Cem.

18. (a) Signature of funeral director Chas. E. Scharlet
(b) Address Spickard MO.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Mill Grove
(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 July day 24
year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 22, 1940, to July 24, 1940 that I last saw him alive on July 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death ad of l ex y

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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? 493
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. W. Ewing (M. D. or other) _____
Address Spickard MO. Date signed _____

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

8408251

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 Paul Hise

....., Registered Apprentice No.
working under my personal supervision.

Signed Paul Hise

Licensed Embalmer No. 3771

P. O. Address Spickard 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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **32564**

Registration District No. **554**

Primary Registration District No. **4326**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **mercy**
(b) City or town **mill grove**
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Henry Clay Roberts**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **28** If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Aug 8** (b) **Mrs Clavel Thomas** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **mer**
(c) City or town **mill grove mo**
(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.

20. DATE OF DEATH: Month _____ day **24** year **1970** hour _____ minute _____ M.

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

Duration

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 **E. H. Ewing** (M. D. or other) _____

Address **Spikard** _____

SUPPLEMENTAL REPORT

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

