

No. 2
13-40
17-39
X23159

FILED OCT 18 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33314

State File No. _____

Registration District No. 838

Primary Registration District No. 2098B

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dexter, Mo. R. 3
 (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 3
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Dexter, Mo. R. 4
 (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.

3. (a) PRINT FULL NAME John Billie Roberts
 (b) If veteran name war no
 (c) Social Security No. no

4. Sex Male race White
 5. Color or race _____
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16 1926
 (Month) (Day) (Year)

8. AGE: Years 14 Months 5 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace Dexter, Mo. R. 4 _____
 (City, town, or county) (State or foreign country)
 10. Usual occupation Student
 11. Industry or business _____
 12. Name H. P. Roberts
 13. Birthplace Pike County Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Lissa Mayfield
 15. Birthplace Dexter, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant H. P. Roberts
 (b) Address Dexter, Mo. R. 4
 17. (a) Burial (b) Date thereof Aug 20, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Watkins Funeral Service
 (b) Address Dexter, Mo.
 19. (a) 10/3 (b) 1940 Jennie Burton
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 18
 year 1940 hour 11 minute a. M.
 21. I hereby certify that I attended the deceased from _____
March 18 to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Strangulation River
 Due to accident
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 187 316

Major findings:
 Of operations _____
 Of autopsy No.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence Aug 18 1940
 (c) Where did injury occur? St. Francis River
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature John A. Wilson (M. D. or other) _____
 Address Dexter, Mo Date signed 10/18/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 1040 - 156

Date Filed 10/11/40

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.....

Virgil H. Welch

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter 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.