

Registration District No. 73

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fishel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 mo, 19 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Jessumbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Miller County Home  
0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME HUMPHREY ROBERTS

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Tara Hawk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 8 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 24 hr. \_\_\_\_\_ min.

9. Birthplace Eagle Center Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Roberts  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Sandie  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Jessumbia, Mo.

17. (a) Burial (b) Date thereof Nov. 6, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Zion, Jessumbia, Mo.

18. (a) Signature of funeral director C. L. Casey  
(b) Address Gheras, Mo.

19. (a) 11/4/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 13, 1940, to Nov. 2, 1940;  
that I last saw him alive on Nov. 2, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 weeks

Due to Pyelonephritis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Shadon P. Thurlock (M. D. or other) 74  
Address Columbia, Mo. Date signed 11/7/40

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

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

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**