

JAN 10 1941

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
802 Virginia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elzora E. Roberts

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

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

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

7. Birth date of deceased Sept. 27 1856
(Month) (Day) (Year)

| | | | | |
|---------|-----------------|-----------------|---------------|--|
| 8. AGE: | Years <u>84</u> | Months <u>2</u> | Days <u>8</u> | If less than one day hr. _____ min. _____ |
|---------|-----------------|-----------------|---------------|--|

9. Birthplace Walnut Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Parker

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

14. Maiden name Unknown

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

16. (a) Informant Robert J. Roberts

(b) Address 802 Virginia

17. (a) Burial _____ (b) Date thereof 12-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Mo. Lanpher Mortuary

18. (a) Signature of funeral director _____
(b) Address Joplin, Missouri

19. (a) 12-4-40 (b) Ed D. Jansen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4th
year 1940 hour 5:30 minute 8 M.

21. I hereby certify that I attended the deceased from 12-3-1940 to 12-4-1940
that I last saw her alive on 12-4-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Atherosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 94P

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? _____

372 (Specify type of place) _____
While at work? _____ (b) Means of injury _____

23. Signature Ed D. Jansen (M. D. or other) _____
Address Joplin, Mo. Date signed 12-4-

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

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.