

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1112 E 3rd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 yrs.
years, months or days 2

3. (a) PRINT FULL NAME Salmon Roberts

3. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan-18-1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name Roberts

FATHER { 13. Birthplace Do not know
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Do not know

FATHER { 16. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Edward F. Roberts

(b) Address 1112 E 3rd Sedalia

17. (a) Burial (b) Date thereof 12-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 12/18/40 (b) Mrs. Harry Sneed
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 E 3
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1940 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 12-13-40, 19, to 12-18-40, 19;
that I last saw him alive on 12-18-40, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage with hemiplegia -

Due to arteriosclerosis

Due to hypertension 82 W

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

23. Signature Edson Stauffer (M. D. or other) MD
Address Sedalia Mo Date signed 12-19-40

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

0
4
4

RECEIVED
District Health Officer No. 8
Number 1-14-41
Date filed

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.