

Registration District No. 135

Primary Registration District No. 5034

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 201 Hagood St.
(If not in hospital or institution, give 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 Helen B. 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 Milton M. Roberts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 14th 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name J. Joseph Burkholder

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

14. Maiden name Susan Davis

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

16. (a) Informant M. M. Roberts

(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof Jan. 13th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo.

19. (a) Jan 13-41 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Hagood
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1941 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ 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 Rennothage from mouth likely a ruptured aneurism
Due to in throat died in 8 minutes, head when I arrived it had bled over 1 gallon by measure
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

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? _____

23. Signature H. G. Griffiths (Specify type of place) _____
While at work? _____ (e) Month of injury _____

23. Signature H. G. Griffiths (M. D. or other) _____
Address Moberly Date signed 1/13/41

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

368

RECEIVED

District Health Officer No. 10

District File Number 2-41-422

Date Filed FEB 18 1941

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

Frank L. Galt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.