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X23159

MAR 19 1941  
Registration District No. 214

Primary Registration District No. 5816

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

1. PLACE OF DEATH: NEWTON  
 (a) County NEWTON  
 (b) City or town RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: GRANLY R.F.D. #21 Mrs  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME RUSSEL ROBERSON  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MARTHA ZELMA ROBERSON 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased APRIL 21 1904  
 (Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

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

MOTHER FATHER  
 12. Name JIM ROBERSON  
 13. Birthplace NEWTON COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ROSA WAGGONER  
 15. Birthplace JASPER COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jim Roberson  
 (b) Address Neosho Mo R #4

17. (a) BURIAL (b) Date thereof 3-2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho 2009 Cemetery  
 18. (a) Signature of funeral director Barley Thompson  
 (b) Address Neosho Mo.

19. (a) Mar 1, 1941 (b) R. Roberson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County NEWTON  
 (c) City or town GRANBY 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RURAL ROUTE #2 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 28<sup>th</sup> day February  
 year 1941 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly  
probably heart disease  
there had been no  
physician in charge  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
 Of operations none  
 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? 514

(Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. H. Reynolds (M. D. or other) \_\_\_\_\_  
 Address Neosho Mo Date signed 2/28/41

RECEIVED

District Health Officer No. 6,

District File Number 341-444

Date Filed MAR 13 1927

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.....

*Carley Thompson*

Licensed Embalmer No. 3259

P. O. Address.....*Neosho 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.