

FILED MAR 17 1941

Primary Registration District No. 6160

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Center Insurance Hospital
(If not in hospital or institution, write street number of location)

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

In this community 1 year
years, months or days

3. (a) PRINT FULL NAME Viola 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 Widowed

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

7. Birth date of deceased May 14, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home work

11. Industry or business _____

12. Name Geo. W. Baker

18. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Bryant

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

16. (a) Informant C. M. Roberts

(b) Address Walker, Mo

17. (a) Rural (b) Date thereof 2/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Vernon Park

18. (a) Signature of funeral director Martha S. King

(b) Address Nevada Mo

19. (a) Feb. 22 1941 (b) Allen D. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

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

(d) Street No. Rural - Center Twp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1941 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 2-19-41
_____ 19____, to 2-20 1941
that I last saw her alive on 2-19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary thrombosis</u>	<u>?</u>
<u>acute cardiac</u>	
<u>decompensation</u>	<u>?</u>
<u>Hypertensive</u>	
<u>Generalized arteriosclerosis</u>	

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

Major findings: _____

Of operations ASC

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? Yes

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

23. Signature Robertson Davis (M. D. or other) 0
Address Nevada Mo Date signed 2-21-41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-463

Date Filed 3-7-41

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

Maud C. Eubinger

Licensed Embalmer No. 2646

P. O. Address Nevada, 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, above space should be left blank.