FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13893

Registration District No. 72 Primary Registration District No. 5711 Registrar's No. 16

1. PLACE OF DEATH:

(a) County BOONE

(b) ~~City or town~~ RURAL — CENTRALIA Tow

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community All of life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

(c) City or town RURAL

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

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES ANDERSON ROBERTS

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-01-5155

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ SALLIE ROBERTS

6. (c) Age of ~~husband~~ or wife if alive 44 years

7. Birth date of deceased OCT. (Month) 10 (Day) 1897 (Year)

8. AGE: Years 43 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name J. S. ROBERTS
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name ANNA KAUFMAN
15. Birthplace (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant's own signature J S Roberts

(b) Address Centralia, Route #5, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 24-1941 (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEM.

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon, Mo.

19. (a) 5/5/41 (Date received local registrar) (b) F. W. Bender MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22. year 1941 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1941, 19, to April 22, 1941 that I last saw h. in alive on April 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Caecum.	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ca of Caecum with Generalized Peritoneal involvement.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank McBarden (M. D. or other)

Address Centralia, MO Date signed 4/23/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....A E Booth.....

Licensed Embalmer No.....4087.....

P. O. Address.....Sturgeon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.