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K28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19367 ~~[illegible]~~

State File No. .....

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 0 Laughlin Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22hours (Specify whether
In this community 46 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Youngstown Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Samuel Harrison Roberts

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Buelah Roberts

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March (Month) 12 (Day) 1895 (Year)

8. AGE: Years 46 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Adair County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business farm

FATHER
12. Name Charles N. Roberts
13. Birthplace Macon Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Hays
15. Birthplace Adair County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Everett Roberts
(b) Address Verrow Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Laplata Cemt.

18. (a) Signature of funeral director D E Riley 3
(b) Address Kirksville Mo.

19. (a) June 17/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 1941 hour 3 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 Colision with a car driven by Ralph Sinclair at a ~~Due to~~ Carless rate of Speed

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Driver of car [illegible]
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 11-1941 001
(c) Where did injury occur? Highway # 11 (City or town) (County) Adair (State) Co.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway # 11 Adair Co. Mo (Specify type of place)
While at work? ✓ (e) Means of injury .....

23. Signature W. C. Summers (~~M. D. or other~~) Coroner
Address Kirksville Mo Date signed 6/16-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 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 D E Riley

Licensed Embalmer No. 4081

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.