

No. 2
13-40
17-39
X23159

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. FILLER
19458
State File No. ~~1161~~

Registration District No. 53 Primary Registration District No. 3025 Registrar's No. 21

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community ELEVEN YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BATES
(c) City or town RICH HILL, MO.
(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 JOHN FRANKLIN ROBERTS
(b) If veteran, name war NO (c) Social Security No. 495-07-6046

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6 year 1941 hour 9 minute 30 P.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 2 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive, UNKNOWN years (Day) (Year)

21. I hereby certify that I attended the deceased from May 4, 1941 to May 6, 1941 that I last saw him alive on May 6, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased FEB 25 1889
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
52 2 11 hr. min.

Immediate cause of death Coronary Arteriosclerosis
Due to _____

9. Birthplace PITTSBURGH KAN.
(City, town, or county) (State or foreign country)
10. Usual occupation MIXER

Other conditions 44"
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name DANIEL ROBERTS
13. Birthplace ILL.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace ILL.
(City, town, or county) (State or foreign country)

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

16. (a) Informant William D. Smith
(b) Address Rich Hill Mo.
17. (a) BURIAL (b) Date thereof 5/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ARCADIA KAN.
18. (a) Signature of funeral director BOOTH
(b) Address RICH HILL MO. 56
19. (a) May 7, 1941 (b) Charles J. Gillen M.D.
(Date recorded at local registrar) (Registrar's signature)

23. Signature Charles J. Gillen (M. D. or other) _____
Address Rich Hill Mo Date signed 5/7/41

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

720

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-41-990

Date Filed 6-10-41

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

John L. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Wis

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.