

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35301

Registration District No. 427

Primary Registration District No. 4273

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden, Madison
(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 70 years
(Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 13th and Market
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Roberts

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 10:00 minute 30 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Francis Roberts

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased November 13 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3 1938 to Oct 18 1941
that I last saw him alive on Oct 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis + Myocarditis

8. AGE: Years 89 Months 11 Days 4
If less than one day ✓ hr. ✓ min.

Due to _____

Due to _____

9. Birthplace Montgomery County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Hypertension
(Include pregnancy within 6 months of death)

11. Industry or business _____

12. Name Thomas Edward Roberts

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Thompson
(City, town, or county) (State or foreign country)

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

Major findings: 93-1

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. G. Roberts

(b) Address Holden Mo.

17. (a) Burial (b) Date thereof Oct 19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. W. Goodman

(b) Address Holden Mo.

19. (a) Oct. 19 1941 (b) Mrs. Frank Morris
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature J. Kelly Rawlin (M. D. or other) J

Address Holden Mo. Date signed 10/18/41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-16-41

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: *Samuel B. Papp*

Licensed Embalmer No. *4844*

P. O. Address: *Helden, 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.