

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10175

Registration District No. 71

Primary Registration District No. 4040 & 5110A

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar
(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 1
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 010
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles West of Adair
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Edward Roberts

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Roberts 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Feb 15 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mamma Lewis
(b) Address Hartsburg MO

17. (a) Burial (b) Date thereof 2/16/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Church

18. (a) Signature of funeral director H. B. Pryor

(b) Address Ashland MO

19. (a) Mar. 6, 1942 (b) Mrs. Olive Estes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 14
14 1942 to Feb 14 1942
that I last saw him alive on Feb 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage / emb.
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 830'
Of operations
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 0

23. Signature H. B. Pryor (M. D. or other) 0
Address Ashland MO Date signed 2-17-42

STATEMENT BY LICENSED EMBALMER

This Body Was Not Embalmed

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..... *W. C. Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Ashtabud 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.