V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006-5-1-18

State File No. 13769

Registrar's No. 33

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

10
2
4

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution:
BOONE CO HOSPL 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10

(c) City or town HALLSVILLE ROUTE 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 1 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes name country /

3. (a) PRINT FULL NAME GEORGE ALBERT ROBERTS

3. (b) If veteran, name war XX

3. (c) Social Security No. .....

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced CHILD 0

6. (b) Name of husband or wife XX

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

7. Birth date of deceased AUGUST 7th ~~1942~~ 1935
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
6	7	25	..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) 0 Mo (State or foreign country)

10. Usual occupation CHILD

11. Industry or business .....

FATHER
12. Name ZIMRI ROBERTS
13. Birthplace BOONE CO (City, town, or county) 0 MO (State or foreign country)

MOTHER
14. Maiden name RUBY BRYANT
15. Birthplace BOONE CO. (City, town, or county) 0 MO (State or foreign country)

16. (a) Informant ZIMRI ROBERTS
(b) Address HALLSVILLE ROUTE 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 4th 42 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director [signature]
(b) Address COLUMBIA MO

19. (a) 4-4-42 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2nd
year 1942 hour 1 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on CORONER, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Traumatic fracture of skull with Hemorrhage and Maceration of Brain

Due to .....

Due to Horse Kicking in head.

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

Major findings:
Of operations .....

Of autopsy Autopsy

Duration

188-8
3

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) Accident

(b) Date of occurrence March 30, 1942. 118

(c) Where did injury occur? Hallsville (City or town) R.F.D. #1 (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm (Specify type of place)

While at work? No. (e) Means of injury 3

23. Signature Moran McAdam (M. D. or other) Coroner

Address Columbia Mo Date signed .....

1250 (Licensed Embalmer's Statement on Reverse Side) Phone 8688 - 4/2/42

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, ~~on the~~ 4-2-42

....., Registered Apprentice No....., working under my personal supervision.

Signed Lyman H. Shinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.