

S. No. 2
1-1-42
5-17-39
X32873

FILED OCT 8 1942

Registration District No. 28

Primary Registration District No. 2006-5120

Registrar's No. 211

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0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia — Rural — Highway 40
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 40 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 53 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Harrisburg 0
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME WILLIAM ROBERTS

(b) If veteran, name war None (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Ellen Roberts 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 1 (Month) 22 (Day) 1869 (Year)

8. AGE: Years 63 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

12. Name Richmond Roberts
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Malina F. Baker
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant John Roberts
(b) Address Harrisburg, Mo.
17. (a) Burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) Sept 29 42 (b) Colore H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1942 hour 1:20 minute A M.

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

Immediate cause of death Automobile Accident

Due to Being hit by Truck

Other conditions 1700-8
(Include pregnancy within 3 months of death) 21

Major findings: Pedestrian struck by truck.
Of operations (none)
Of autopsy (none)

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) 010
(b) Date of occurrence 9-27-42
(c) Where did injury occur? Rural Boone Co Mo
(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 car
23. Signature Miss. Malcom
(M. D. or other)
Address Columbia Mo Date signed 9/29/42

NOV 20 1955

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 W. H. Vandenter
Licensed Embalmer No. 7494
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.