

1 ED APR 14 1943

Registration District No. 23

Primary Registration District No. 5116

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural BOURBON
(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 _____
(Specify whether)
In this community ALL OF LIFE
years, months or days

8. (a) PRINT FULL NAME JOHN WESLEY ROBERTS
8. (b) If veteran name war No
8. (c) Social Security No. L

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLA MAE ROBERTS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 1 - 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 22
If less than one day hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business
MOTHER FATHER {
12. Name Thomas P. Roberts
13. Birthplace Mo.
14. Maiden name MARY E. MCGEE
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Roberts
(b) Address 24 Stratford Lane, Bourbon, Mo.

17. (a) BURIAL (b) Date FEB 25 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PERSEVERANCE
at Boone

18. (a) Signature of funeral director Stuppemy Mo.
(b) Address _____

19. (a) Feb. 24 - 1943 (b) W. Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town RURAL
(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. 1 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 23
year 1943 hour 8 minute 30 AM.
21. I hereby certify that I attended the deceased from APR. 10
1941, to Feb. 22, 1943
that I last saw him alive on Feb. 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Hypertensive heart disease
Due to _____
Other conditions (Include pregnancy within 8 months of death) 93d
Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____
While at work? _____
23. Signature Dr. J. H. Tomei (M. D. or other) 20.
Address Sturgeon, Mo. Date signed 3/24/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REVISED 1938

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.....

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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, above space should be left blank.