

No. 2
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5-17-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20815

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 152

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 611 Turner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

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

(d) Street No. 611 Turner
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME STONIELLOYD ROBERTS

3. (b) If veteran, name war No

3. (c) Social Security No. 441-01-3702

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 1943 hour 9 minute 15 P.M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Belle Roberts

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

7. Birth date of deceased Aug 6 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 12 1942 to Feb 12 1942 that I last saw alive on....., 19..... and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 10 9 hr. min.

Immediate cause of death Copious thrombosis was seen post mortem

Due to after death

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Insurance Agent

11. Industry or business Life Insurance

12. Name Colvin Roberts

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

14. Maiden name Freda Tate

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

16. (a) Informant Mar. A. Roberts

(b) Address 611 Turner Columbia Mo

17. (a) Burial (b) Date thereof 6/18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Centralia Mo Cem (Specify type of place)

18. (a) Signature of funeral director M. M. Howard

(b) Address 24 Centralia Mo

19. (a) 9-17-1943 (b) E. D. Bennett
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94a

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?.....

While at work?..... (e) Means of injury.....

23. Signature E. D. Bennett (M. D. or other) M.D.

Address Columbia Mo Date signed 6/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 8 - 1948

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.

Signature *M. McQuaid*

Licensed Embalmer No. 4213

P. O. Address Centuria 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.