U. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24512

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 325

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7
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1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day [Specify whether years, months or days]
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler 12

(c) City or town: Poplar Bluff 3
(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: 0

3. (a) PRINT FULL NAME: Robert Quincy Roberts

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: July 5, 1943 (Month) (Day) (Year)

8. AGE: Years — | Months — | Days 1 | If less than one day — hr. — min.

9. Birthplace: Poplar Bluff, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Dolivan Roberts
13. Birthplace: Poplar Bluff, Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Walker
15. Birthplace: Piedmont, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Dolivan Roberts
(b) Address: Charleston, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 7-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem.

18. (a) Signature of funeral director: Frank-Cotrell Funeral Chapel
(b) Address: Poplar Bluff Mo.

19. (a) 7-17-43 (Date received local registrar) (b) Billie Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 5 year: 1943 hour: 16:30 minute: A. M.

21. I hereby certify that I attended the deceased from 7-5, 1943 to 7-5, 1943 that I last saw him alive on 7-5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (6 mo.) — Duration

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

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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:

23. Signature: J. W. Fonda (M. D. ~~or other~~)

Address: Poplar Bluff, Mo. Date signed: 7-8-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 743-972
Date Filed 7-23-43

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.