

STANDARD CERTIFICATE OF DEATH

25482

State File No.

FILED AUG 12 1943

Registration District No. 198

Primary Registration District No. 5719

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Revier Rural
(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 years, months or days)

3. (a) PRINT FULL NAME Thomas J. Roberts

3. (b) If veteran, name war - 3. (c) Social Security No. ✓

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 8-30-1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

12. Name Burrill Robert
13. Birthplace Ma Carolina (City, town, or county) (State or foreign country)
14. Maiden name Agalady Rooley
15. Birthplace Ma Simpson (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edwards

(b) Address Revier Mo

17. (a) Burial (b) Date thereof 7-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Mr. Edwards

(b) Address Revier Mo

19. (a) 7-21-43 (b) Winnifred J. Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Revier Rural
(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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1943 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1933 to July 15, 1943 that I last saw him alive on July 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis syn.
Due to Chronic Int. Nephritis 15 yrs.
Due to Chronic Arthritis Deformans 15 yrs.
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operations 13/a
Of autopsy -

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? -

While at work? (Specify type of place) ✓ (c) Means of injury 2
Signature Dr. E. L. Edwards
Address Revier Mo Date signed 7/15/43

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1362

Date Filed AUG 11 1943

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 [Signature]

Licensed Embalmer No. 1961

P. O. Address Bowie, Md

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.