

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31932

State File No. \_\_\_\_\_

FILED OCT 7 1943

Registration District No. 1843

Primary Registration District No. 3032

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
401 Hamilton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 Hamilton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GILBERT BENJAMIN 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 Nov. 3, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 10 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Roberts

13. Birthplace Lafayette County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Campbell

15. Birthplace Lafayette County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ma H. S. Osborne

(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof Sept 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director W. J. Wilcox

(b) Address Warrensburg Mo

19. (a) Sept 17, 1943 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th  
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 13th  
1943, to Sept 15, 1943  
that I last saw him alive on Sept 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension, heart disease

Due to arteriosclerosis, Diabetes mellitus

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. J. Wilcox (M. D. or other) \_\_\_\_\_

Address Warrensburg Mo Date signed 9-17-43

Duration

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51  
2  
3

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-6-43

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 myself  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Samuel J. McClurey  
\_\_\_\_\_  
Licensed Embalmer No. 3557  
P. O. Address Warrensburg, 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.