

FILED OCT 19 1943 301

6037

Registrar's No. 1929

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town Union Twp.  
(c) Name of hospital or institution:  
at home (Rural)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Ripley  
(c) City or town Union Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country no.

3. (a) PRINT FULL NAME William Andrew 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, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July - 3 - 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation farmer

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

MOTHER FATHER  
12. Name Roberts  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Habnson  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Roberts (son)

(b) Address Rosiphon Mo. - R-6

17. (a) Burial (Burial, cremation, or removal) Plunk Cemetery (b) Date thereof 10-3-43  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director H. Jordan

(b) Address Doniphan Mo.

19. (a) 10-20-43 (b) E.B. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1943, hour 2 minutes 0 M.  
21. I hereby certify that I attended the deceased from Sept 24 to Sept 30 1943  
that I last saw him alive on Sept 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Lobar Pneumonia 6 days

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108

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 E. Jordan (M. D. or other) M.D.  
Address DONIPHAN, MO Date signed 12/43

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

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

**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

*J. E. Jordan*

Licensed Embalmer No. *3200*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.