S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1944

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4186

14610

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town SULLIVAN
(If outside city or town limits, write "RURAL" and name of township)

(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
In this community 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan 36
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 0 years.

3. (a) PRINT FULL NAME RACHEL EMOLINE ROBERTS

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-01-1791

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. R. Roberts

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January (Month) 2 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	1	hr. min.

9. Birthplace Sullivan (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Factory & Housewife

11. Industry or business Shoe factory & Home

FATHER
12. Name Horace G. Smith
13. Birthplace Penn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Doyle
15. Birthplace Sullivan (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Aug. Busch

(b) Address St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 '44 (Month) (Day) (Year)

(c) Place: burial or cremation Cave Spring

18. (a) Signature of funeral director Thos. P. Shaffer

(b) Address Sullivan Mo

19. (a) Mar. 6, 1949 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1944 hour 4 minute 30 P. M.

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

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. P. Ryse (M. D. ~~or other~~)

Address Sullivan Mo Date signed 3/5/44

1121

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

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 Edgar W. Lafloon

Licensed Embalmer No. 3294

P. O. Address Sullivan

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, above space should be left blank.