DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Copy Suggett

State File No. 17401

FILED JUN 13 1944

Registration District No. 3

Primary Registration District No. 3006-5-1-2-0 Registrar's No. 143

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Route 2
(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)

In this community: 51 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: JOHN ROBERTS

3. (b) If veteran, name war: World War I

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: 6 - 5 - 1892 (Month) (Day) (Year)

8. AGE: Years 51 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: Richmond Roberts
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Lennie Frances Baker
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Nannie Smith
(b) Address: Route 2, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Harrisburg

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 6-7-44 (Date received local registrar) (b) Edna H Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 3 year: 1944 hour: 2 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Feb-1, 1943, to June-3, 1944 that I last saw him alive on March 10, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

13 f 1

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: F. C. Suggett (M. D. or other) M.D.

Address: Columbia Date signed 6-4-44

1250

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1961

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 Chas Loring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.