

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**24087**  
Do not use this space.

**FILED AUG 8 1944**

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 40  
 (b) Township Rockyfork Primary Registration District No. 0722  
 (c) City Hallsville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** JESSE A. ROBERTS

(a) Residence, No. Hallsville, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice J. Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1866

7. AGE YEARS 78 MONTHS 3 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Boone County, Missouri (STATE OR COUNTRY)

FATHER 13. NAME David A. Roberts

FATHER 14. BIRTHPLACE (CITY OR TOWN) Boone County, Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Parthenia Gallop

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Boone County, Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Alice Roberts (ADDRESS) Hallsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Mo. DATE June 28 1944

19. FUNERAL DIRECTOR (NAME) Parker Funeral Service (ADDRESS) Columbia, Mo.

20. FILED June 28 1944 Mrs. Ralph Bryan Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1944

22. I HEREBY CERTIFY, That I attended deceased from June 2 1944 to June 26, 1944  
 I last saw him alive on June 16, 1944 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset \_\_\_\_\_

Other contributory causes of importance: H6

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? T. A. C. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) E. J. Baskett, M. D.  
 (Address) Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-1-1943 I X18805

RECEIVED

District Health Officer No. 9,

District File Number ~~8-11-44~~

Date Filed 8-7-44

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.....

.....  
working under my personal supervision.

Signed *Chas. L. ...* Registered Apprentice No. ....

Licensed Embalmer No. *3413 R*

P. O. Address *Columbia, S.C.*

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.