

FILED NOV 20 1944

5280

62

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH

(a) County Clark
(b) City or town Rural Lincoln Twp
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FELIX E. ROBERTS

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Schmid 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased SEPTEMBER 25 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name William Roberts
13. Birthplace Missouri
14. Maiden name PAULY ANN ARNOLD
15. Birthplace Missouri

16. (a) Informant Mrs Felix E. Roberts
(b) Address Kahoka Mo.

17. (a) BURIAL (b) Date thereof 10-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred J. Karle
(b) Address Kahoka Mo.

19. (a) 11-17-44 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1944 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 23, 1944, to Oct 23, 1944,
that I last saw him live on Oct 23, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Duration _____

Due to _____
Due to 94a
Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Perry S. Barton (M. D. or other) Do
Address Kahoka, Mo. Date signed 10-25-44

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

MOTHER FATHER

2300

A.C. 189 /26/44

1275

NOV 28 1944

DEC 26 1944

RECEIVED

District Health Officer No. 10

District File Number 11-44-1924

Date Filed NOV 18 1944

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

Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address

Kahoka 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.