S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

1708

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3514

Registration District No. 251 Primary Registration District No. 5851 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Skidmore -rural Green-Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9 miles N.W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Skidmore -rural-
(If outside city or town limits, write "RURAL")
(d) Street No.: 9 miles N.W.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jennie Etta Roberts
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Jesse Roberts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October 15, 1870 (Month) (Day) (Year)
8. AGE: Years 75 Months 2 Days 21 If less than one day hr. min.
9. Birthplace: Andrew County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business
MOTHER FATHER
12. Name: Austin Wesley Lininger
13. Birthplace: ubknown (City, town, or county) a (State or foreign country)
14. Maiden name: Lean Gladfelter
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Austin Roberts t
(b) Address: Skidmore, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-8-46 (Month) (Day) (Year)
(c) Place: burial, cremation: Burr Oak Cemetery
18. (a) Signature of funeral director: Frick Funeral Home
(b) Address: Maryville mo
19. (a) Jan-14-46 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1946 hour 9 minute 05 P. M.
21. I hereby certify that I attended the deceased from February 26, 1943, to Jan. 5, 1946, that I last saw her alive on December 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy (Cerebral Hem.) — Duration: 6 yrs.
Due to: Old Cerebral Hemorrhage — Duration: 1 mo.
Due to:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Marvin T. McDonald M. D. or other D.O.
Address: Fairfax Mo. Date signed 1-8-46

224 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.