

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17385**
Registrar's No. **190**

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion **64**
(c) City or town Hannibal **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 502 Willow St. **4**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Paul Herman Roberts
3. (b) If veteran, name war World War I **3. (c) Social Security** No. 490-07-7091

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19
year 1946 hour 5 minute 55 P.M.

4. Sex Male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillie Roberts
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased. May 7 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 21 1945 to May 19 1946
that I last saw him alive on May 19 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 0 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death:
Myocardial Disease
Pyelitis Chr-Recurrent
Due to _____

Duration
6 mo.
10 yrs.

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

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

10. Usual occupation. Fireman

Major findings:
Of operations _____

11. Industry or business. Marblehead Lumber Co.

Of autopsy _____

12. Name. William Roberts

13. Birthplace. Pittsburg Pa.
(City, town, or county) (State or foreign country)

14. Maiden name. Laura Smith

15. Birthplace. Ralls county Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Lillie Roberts

(b) Address. 502 Willow, Hannibal Mo.

17. (a) Place: burial or cremation. Burial Mt. Olivet Cemetery
(Burial, cremation, or removal) (b) Date thereof May 22, 1946
(Month) (Day) (Year)

18. (a) Signature of funeral director. Ray O. Schuyler
(b) Address 1000 Broadway Hannibal Mo.

19. (a) 5-25-46 (Date received local registrar) **(b) Dr. E. M. Lucke** (Registrar's signature)

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) _____ Means of injury _____
23. Signature J. P. Dultzman M.D. (M. D. or other)
Address Hannibal Mo. Date signed 5/23/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

George T. Bond

Licensed Embalmer No. *4373*

P. O. Address.....

Hannibal - 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.