

S. No. 2
M-2-43
5-17-39
2-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34330

State File No. _____

FILED NOV 12 1946

Registration District No. 2

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Rural Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 1/2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. South of Postville 7 mi (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Z. C. Roberts

3. (b) If veteran, name war World War #2 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Roberts 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Feb 6 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Hassway Ill
(City, town or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER { 12. Name Charley H. Roberts
13. Birthplace Postville Ill
(City, town, or county) (State or foreign country)
14. Maiden name Georgia Clayton
15. Birthplace Ill
(City, town or county) (State or foreign country)

16. (a) Informant Charley H. Roberts

(b) Address #2 Postville

17. (a) Rural (b) Date thereof 10-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Postville, Mo

18. (a) Signature of funeral director La Forge and Co.

(b) Address Coulterville Mo

19. (a) 10-30-1946 (b) Mrs. V. A. Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed head Duration _____

Due to truck accident

Due to _____

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

Major findings: Of operations _____

Of autopsy no

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) Accident ?

(b) Date of occurrence Oct 3 1946

(c) Where did injury occur? Deming (City or town) Missouri (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway 61

While at work? Yes (Specify type of place) Coroner Means of injury _____

23. Signature Jack Kelly (Name or other)

Address Postville Mo Date signed 10-3-46

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

11-46-232

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..... *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address..... *Caruthville*

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.