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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1946
Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36092
Registrar's No. 13

Primary Registration District No. 4044

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

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town STURGEON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community ALL OF LIFE, 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BOONE
(c) City or town STURGEON
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MERREL ROBERTS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Nov. day 25
year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Apr. 10
1942 to Nov. 25, 1946
that I last saw him alive on Nov. 25, 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug. 1888
(Month) (Day) (Year)

Immediate cause of death Asthma
Myocardial infarction
Due to Pneumonia in Sept. 46
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>21</u>	hr. min.

9. Birthplace MADISON Co. Ky.
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation LABORER
11. Industry or business.....
12. Name DAN ROBERTS
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name NETTIE COOK
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

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 W. P. Thomas (M. D. or other)
Address Sturgeon Mo. Date signed 11-29-46

16. (a) Informant Brogl Roberts
(b) Address Sturgeon Mo.
17. (a) Burial (b) Date thereof Nov. 27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem.
18. (a) Signature of funeral director Bauer & Root
(b) Address Sturgeon Mo.
19. (a) Nov. 26, 1946 (b) Thelma Esteppe
(Date received local registrar) (Registrar's signature)

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Date Filed 11-4-46

District File Number

District Health Officer No. 9,

RECEIVED

DEC 20 1946

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 *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.