

No. 2
1-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35196**

FILED NOV 5 1947

Registration District No. **163**

Primary Registration District No. **5997**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Ozark, Mo.**
(b) City or town **Elijah, Mo.**
(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 **72 yrs** (Specify whether years, months or days)
In this community **72 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark 77**
(c) City or town **Elijah, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **7** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Rhodes Betheena Roberts**
3. (b) If veteran name war **✓** 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **19** year **1947** hour **9** minute **05** M.
21. I hereby certify that I attended the deceased from **5:00** to **10:15** 19 **47** that I last saw him alive on **this week** and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Arteriosclerosis**
Duration **2 hrs**

4. Sex **71** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **A. F. Roberts** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **June** (Month) (Day) (Year)

8. AGE: Years **72** Months Days If less than one day hr. min.

9. Birthplace **Elijah, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Bud Taylor**

13. Birthplace **Elijah, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **unk** (City, town, or county) (State or foreign country)

16. (a) Informant **A. B. Roberts**

(b) Address **West Plains, Mo.**

17. (a) **13** (b) Date thereof **9-21-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elijah, Mo.**

18. (a) Signature of funeral director **Robertson**

(b) Address **West Plains, Mo.**

19. (a) **11-24-47** (b) **Carl Davis** (Date received by local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **83A**
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) (a) Means of injury **0**
23. Signature **W. J. Flannery** (M. D. or other) Address **W. J. Flannery** Date signed **9/23/47**

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

MOTHER FATHER

DR Harburg WI

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 262 Primary Registration District No. 5867

1. PLACE OF DEATH:

(a) County Dyack

(b) City or town Elijah

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dyack

(c) City or town Elijah

(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 Francis B. Roberts

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, year 1947, hour 11 minute 19 M.

21. I hereby certify that I attended the deceased from _____ 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 _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

Duration _____

Due to cerebral hemorrhage

Due to arterio sclerosis

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

8. AGE: Years 72 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace MO (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Bud Taylor

13. Birthplace MO (City, town, or county) _____ (State or foreign country)

14. Maiden name Smith

15. Birthplace _____ (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 A. H. Thornburgh (M.D. or other) _____

Address West Plains, MO Date signed _____

16. (a) Informant A. B. Roberts

(b) Address West Plains, MO

17. (a) Burial (b) Date thereof 9-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Elijah

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Nov-24-1947 (Date received local registrar) (initials) (Registrar's signature)

SUPPLEMENTARY

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

5-35196