

Registration District No. 286 Primary Registration District No. 4424 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town HUMANSVILLE
(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 4 years
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Humansville
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William F. Roberts
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 27
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1945 to Oct 27 1947
and that death occurred on the date and hour stated above.
that I last saw him alive on Oct 27 1947

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Martha J. Roberts
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased July 23 1862
(Month) (Day) (Year)

Immediate cause of death
Chronic myocarditis
Due to senility
Duration 4 years

8. AGE: Years 85 Months 3 Days 4
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
Of autopsy

9. Birthplace Roan Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER
12. Name Benjamin F. Roberts
13. Birthplace Roan Co. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Breshard
15. Birthplace Roan Co. Tenn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Nan Roberts

(b) Address R. 5, N. Kansas City, Mo.

17. (a) Burial (b) Date thereof Oct 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director C. H. Quinn

(b) Address Humansville, Mo.

19. (a) Nov 3, 1947 (b) Duell Kirkpatrick
(Date received local registrar) (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) (e) Means of injury 2

23. Signature C. E. Wetzel (M. D. or other) P.O.
Address Humansville, Mo. Date signed 10-30-47

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

RECEIVED
District Health Officer No. 7,
District File Number 10-47-1292
Date Filed 11-10-47

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.....
William J. Presswell....., Registered Apprentice No. 472
working under my personal supervision.

Signed E. H. Pinner
Licensed Embalmer No. 4282
P. O. Address Humansville, 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.