No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36866

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 128

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Nevada, Mo. 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 912 W. Arch. St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Roberts
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 20, 1861 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	0	14	hr. min.

9. Birthplace Booneville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Home keeper
11. Industry or business
FATHER
12. Name William Grubb 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Ann
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Francis Bilknap 1
(b) Address Nevada, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Franklin, Mo.
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.
19. (a) 10-8-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 47 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 25, 1947, to Oct 4, 1947
that I last saw her alive on Oct 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left Ventricular failure	48 hrs
Due to Chronic Myocarditis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M.D. or other)
Address Nevada Mo Date signed 10-6-47

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1949

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.