

S. No. 2  
DM-2-43  
v. 17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38763

State File No. \_\_\_\_\_

FILED NOV 17 1947

Registration District No. 166

Primary Registration District No. 4254

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Knob Noster  
(If outside city or town limits, write "RURAL" and name of township)  
(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

3. (a) PRINT FULL NAME Mary Elmira Roberts

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ulyssus S. Grant Roberts 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased 12 27 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fairfax, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name Marion Shaw

13. Birthplace Fairfax Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Shattuck

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

16. (a) Informant Mrs. Charles Schneitter

(b) Address 434 E. Market Warrensburg, MO

17. (a) Burial (b) Date thereof 11-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster Cemetery

18. (a) Signature of funeral director W. Raymond Baker

(b) Address Knob Noster, Missouri

19. (a) Nov. 6 - 1947 (b) Erma L. Beatty  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson 51  
(c) City or town Knob Noster 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4  
year 1947 hour 10:20 minute 37 P. M.

21. I hereby certify that I attended the deceased from Nov 4  
19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on Nov 4 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. Raymond Baker (M.D. or other) \_\_\_\_\_

Address Knob Noster, MO Date signed Nov 6 1947

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

MOTHER FATHER

DEC 9 1967

**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.....

*C. L. Saulk*

Licensed Embalmer No.....

*1086*

P. O. Address.....

*Knob Noster M*

**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.**