

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9705
Registrar's No. 31

FILED APR 8 1948

Registration District No. 275

Primary Registration District No. 3053

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Rolla
(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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Polk
(c) City or town Rolla (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 DAVID EARL ROBERTS
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14
year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 29
1948 to Mar 14 1948
that I last saw him alive on Mar 13 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.h.
6. (a) Single ✓ widowed, married, divorced ✓
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb. 29 1948
(Month) (Day) (Year)

Immediate cause of death whooping cough Duration 1 wk.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days 14 If less than one day
_____ hr. _____ min.
9. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation _____

Other conditions _____
Major findings: Of operations 1
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Oral D. Roberts
13. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha L. Sidwell
15. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Oral D. Roberts
(b) Address Rolla, Missouri
17. (a) Burial (b) Date thereof 3-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cemetery
18. (a) Signature of funeral director Null & Sons
(b) Address Rolla, Mo.
19. (a) 3-31-48 (b) Nadine L. Stool
(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 _____
23. Signature E. E. Fairchild M.D. (M. D. or other)
Address Rolla Mo. Date signed 3-30-48

RECEIVED

Phelps County Health Officer,

County File Number 4-7-48

Date Filed _____

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..... Paul E. Gull

Licensed Embalmer No..... 4498

P. O. Address..... Rolla

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.