No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11814

Registration District No. 59 — Primary Registration District No. 4097 — Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Harrisonville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass 79
(c) City or town: Freeman Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: George Henry Roberts
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race .....
6. (a) Single, widowed, married, divorced: M. 1
6. (b) Name of husband or wife: Dora Zumalt Roberts
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: May (Month) 21 (Day) 1876 (Year)

8. AGE: Years 71 Months 11 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Marceleve Adair Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Blacksmith (Active)
11. Industry or business .....
FATHER
12. Name: Geo. W. Roberts
13. Birthplace: No record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: No record.
15. Birthplace: 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Dora Roberts
(b) Address: Freeman, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Orient Cemetery
18. (a) Signature of funeral director: Atkinson Bros
(b) Address: Harrisonville Mo
19. (a) April 26, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day April year 1948 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from April 19, 1948 to April 1948 that I last saw him alive on 4-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Hypertrophied prostate & Chronic Nephritis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....
Of autopsy .....

Duration

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

3 | B

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: Harry B. Nesbit (M. D. or other)
Address: H'ville, Mo. Date signed 4-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Floyd A Brinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.