

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DELETED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 123574
13374
Registrar's No. 169

Registration District No. 7

Primary Registration District No. 3912

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Denton rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Virginia Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Denton rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Virginia Hosp. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James C. Roberts

3. (b) If veteran, name war WW I

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 3
1948 to May 3, 1948
that I last saw him alive on May 3, 1948:
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dottie M. Roberts

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: April 13 1896
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis

Due to Hardening of coronary arteries

Due to _____

Other conditions: Prod. on arrival
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 0 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace: Assessville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Arch W. Roberts

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

14. Maiden name Jessie Rigg

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Prod. on arrival

Of operations ✓

Of autopsy 9/4/48

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

16. (a) Informant Mrs. Dottie M. Roberts

(b) Address Steele Mo Rt 2

17. (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1st Zion

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? _____

18. (a) Signature of funeral director James M. Hill Co

(b) Address Steele Mo

19. (a) 5-10-48 (b) S. J. O. Murray
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____ 0

23. Signature J. W. Robson (M. D. or other) 0
Address Steele Mo Date signed _____

5-48-165

JUN 1 1944

JUL 21 1944

AUG 18 1944

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 *John W German*
Licensed Embalmer No. *4355*
P. O. Address *105 E Washington Hayti, 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.