FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22762

Primary Registration District No. 5438

Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Gerald Mo
(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 years, months or days) In this community 1½ years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Franklin
(c) City or town: Gerald
(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: X X

3. (a) PRINT FULL NAME: ISABELL ROBERTS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: X X

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

7. Birth date of deceased: Jan (Month) 8 (Day) 1864 (Year)

8. AGE: Years 84 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation: Stenographer

11. Industry or business:

FATHER
12. Name: John Roberts
13. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name: Martha
15. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Florence Mock
(b) Address: 7145 Virginia Ave. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-14-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Gerald Mo

18. (a) Signature of funeral director: E. F. Meyer
(b) Address: Gerald Mo

19. (a) 7-16-48 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from May, 1948, to July 11, 1948 that I last saw her alive on July 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 Days
Due to: Chronic Myocarditis
Due to:
Other conditions: Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
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

23. Signature: Chas A. Schmidt (M. D. or other)
Address: Gerald Date signed 7-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 2 1948

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 Stanley E. Meyer, Registered Apprentice No. 209 working under my personal supervision.

Signed Earl C. Kelly

Licensed Embalmer No. 3385

P. O. Address New Haven Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.