

FILED AUG 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23946

Registration District No. 301

Primary Registration District No. 6037

Registrar's No. 2323

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

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Russley
(c) City or town... Flender (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 Emma Rose Robert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19 year 1948 hour _____ minute 8 P. M.
21. I hereby certify that I attended the deceased from 19 May 1948 to 19 May 1948
that I last saw her alive on 19 May 1948 and that death occurred on the date and hour stated above.

5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James S. Roberts 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased June 5 1867
(Month) (Day) (Year)

Immediate cause of death Myocardial Heart Disease (Insufficiency) Duration 8 yrs

8. AGE: Years 80 Months 11 Days 14 If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name Justin Gibson

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

14. Maiden name Susan Rogers

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

16. (a) Informant Sophia Kahl

(b) Address Flender, Mo.

17. (a) Burial (b) Date thereof 5-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quaker Cem.

18. (a) Signature of funeral director J. W. Edwards

(b) Address Don't know, Mo.

19. (a) 7-21-48 (b) E. Johnston (Date received local registrar) (Registrar's signature)

Major findings: Of operations 970
Of autopsy _____

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 0

23. Signature M. D. Robert (M. D. or other) M. D.

Address Doniphan, Mo. Date signed 29 May 48

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

RECEIVED 8-9-48
District Health Officer No. 5,
District File Number 848526
Date Filed 8-10-48

not Embalmed

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 *Walter Johnson*
Licensed Embalmer No. *4271*
P. O. Address *Denigton, 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.