

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

2
15
39
7070

FILED AUG 24 1948

Registration District No. 13 Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution:
609 W 6th St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 210 (Specify whether)

In this community 11 months
years, months or days

3. (c) PRINT FULL NAME Joseph Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Susan V Roberts

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MARCH 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 5 3 hr. min.

9. Birthplace BERTHAUT COUNTY, Ia
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

12. Name No record

13. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Susan V Roberts

(b) Address 609 West 6th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation St Daniel Cery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) Aug 11, 1948 (Date received local registrar) (b) Wm Fred W. Moser (Registrar's signature) 390

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. 609 W 6th St 1
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1948 hour minute 6:45 AM

21. I hereby certify that I attended the deceased from Aug 10 1948
Aug 4 1948
that I last saw alive on 4 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular Heart Disease

Duration

Due to

Due to

Other conditions Cerebral Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9279

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:

(c) 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) (c) Means of injury

23. Signature Frank K... 0 (M. D. or other)

Address Cameron, Mo Date signed 8-10-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *George R. Zimmell*

Licensed Embalmer No. *4425*

P. O. Address. *324 West 4th*
Cameron, 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.