S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1948

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30674

Primary Registration District No. 4421

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Entire lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Dixon
(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 James Edward Roberson

3. (b) If veteran, name war

3. (c) Social Security No. 491-28-8375

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sydney Lee Roberson

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 4 (Month) 25 (Day) 1882 (Year)

8. AGE: Years 66 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Wesley Roberson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delilah Powers
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Edward Roberson
(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri

19. (a) 9-17-48 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9, 1946 to 8-9, 1948
that I last saw him alive on 8-9, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrhage	20 min
Due to: Carcinoma of lung	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

47P

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 E. Hughes (M. D. or other)
Address Dixon, Mo. Date signed 11 Sept 48

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1948

SEP 29 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.....

9/8/1948 Registered Apprentice No.....,

working under my personal supervision.

Signed Fred H Geiken

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.