

No. 2
-1/47
5-17-39

FILED OCT 26 1948

Dr. Phleger

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County **Pem. Scot**

(b) City or town **Caruthersville**
(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 **32 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscott**

(c) City or town **Caruthersville**
(If outside city or town limits, write "RURAL")

(d) Street No. **400-B 8th St**
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **James W Roberson**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8** year **1948** hour **1** minute **45** M.

4. Sex **Male** 5. Color of race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **12** years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/8** 19**48** to **10/8/1948** that I last saw him alive on **10/8/1948** and that death occurred on the date and hour stated above.

Duration

Immediate cause of death **Myocarditis, acute.**

8. AGE: Years **66** Months **25** Days **26** If less than one day **9** hr. min.

Due to **Undetermined.**

9. Birthplace **Greenfield Tenn** (City, town, or county) (State or foreign country)

Due to

10. Usual occupation **Retail**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations **9/20**

12. Name **James Roberson**

Of autopsy

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

14. Maiden name **Emma Davis**

15. Birthplace **Greenfield Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Lester Young**

(b) Address **Rte # 1 Caruthersville Mo**

17. (a) **Rural** (b) Date there of **10-10-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Cemetery**

18. (a) Signature of funeral director **LaFayette Tammelford**

(b) Address **Portageville Mo**

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)

23. Signature **H.W. Phleger** (M. D. or other)

Address **Caruthersville, Mo.** Date signed **10/9/48**

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

MOTHER FATHER

10 - 48 - 293

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 _____

Licensed Embalmer No. 4481

P. O. Address Wagawalla, 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.