

BUREAU OF THE CENSUS
D APR 30 1943

Registration District No. 11

Primary Registration District No. 4023 5040

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Exeter Rural
(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 23 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

(c) City or town Exeter, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Oren Noel Roby

3. (b) If veteran, name war 7

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 1 A. M. minute _____ M.

4. Sex M 5. Color or Race White

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

6. (b) Name of husband or wife Eunice Roby

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 29 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 19, 1943, to Mar. 7, 1943; that I last saw him alive on Mar. 8, 1943; and that death occurred on the date and hour stated above.

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

87 10 10 hr. _____ min.

Immediate cause of death Uremia

Duration 1 week.

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

Due to Hypertrophied Prostate

Due to _____

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 13 70

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mary Mc Gruder

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Eunice Roby

(b) Address Exeter Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (Burial, cremation, or removal) 3-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetary

(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? _____

18. (a) Signature of funeral director Barry & Blain

(b) Address Exeter Mo

19. (a) Mar 11-1943 (Date received local registrar)

(b) Grace Williams (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ed McDaniel (M. D. or Ch.D.)

Address Cassville, Mo. Date signed 3/10/43

1011

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 3-19-30 I x1871

RECEIVED

District Health Officer No. 6,

District File Number 4413-488

Date Filed APR 29 1943

MAY 6 1943

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 J. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monticello, 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, above space should be left blank.