

Registration District No. 81

Primary Registration District No. 5122

Registrar's No. 2.

RECEIVED MAR 1 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Bloomington Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.F.D. #1 DeKalb, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D. #1 DeKalb, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Harrison Roberts

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd  
year 1940 hour 8 minutes 00 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Etta Mary Roberts

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

7. Birth date of deceased March 8th 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1, 1940 to February 22, 1940; that I last saw him alive on February 20, 1940; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>14</u>	hr. _____ min.

Immediate cause of death: Coronary Thrombosis. 10 days

Due to \_\_\_\_\_

Due to Coronary Thrombosis

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

Other conditions (Include pregnancy within 3 months of death) 94%

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy none

12. Name Unknown

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Frank Wassick

(b) Address Halls No Route 1

17. (a) Removal (b) Date thereof Feb. 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curlin Cemt, R.R. #6 St. Joseph, 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? Joseph, Mo.

18. (a) Signature of funeral director Norman W. Sidenfaden

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Feb 26 (b) Osblaw  
(Date received local registrar) (Registrar's signature)

While at work?  (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Dr. B. M. Kiles (M. D. or other) 3  
Address DeKalb Mo. Date signed \_\_\_\_\_

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

RECEIVED  
District Health Officer No. 11,  
District File Number 340-236  
Date Filed MAR 5 1940

**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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph

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.