

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

8342  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Stoddard Registration District No. 837  
 (b) Township Gastor Primary Registration District No. 4508  
 (c) City Bloomfield (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 163 Nora I. Roberts  
 (a) Residence, No. Bloomfield mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1865</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>--</u>	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> /				
FATHER	13. NAME <u>Gashum Hunt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> /			
MOTHER	15. MAIDEN NAME <u>Sarah Ann Keeth</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> /			
17. INFORMANT <u>D. F. Roberts</u> (ADDRESS) <u>Bloomfield, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloomfield Cem.</u> DATE <u>1-8-</u> <u>40</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-6-</u> <u>1940</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 9</u> 19 <u>39</u> , to <u>Jan 6</u> 19 <u>40</u> I last saw her alive on <u>Jan 6</u> 19 <u>40</u> . Death is said to have occurred on the date stated above, at <u>12:05 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis &amp; myocardial degeneration &amp; coronary artery disease.</u> Other contributory causes of importance: <u>Pneumonia</u> <u>Cerebral thrombosis</u> Date of onset <u>10 days before</u>	
Name of operation <u>None</u> Date of _____	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>None</u> (Signed) <u>D. F. Roberts</u> M. D. (Address) <u>Bloomfield, Mo.</u>	

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.  
 (ADDRESS) Bloomfield, Missouri.  
 20. FILED Jan - 16 1940 Soonie Church  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK...THIS IS 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.

5010-4-19-35 I X16005

RECEIVED

District Health Officer No. :

District File Number 240-6

Date Filed 2/27/20

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**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.....

*Stan Cooper*

Licensed Embalmer No. ....

4119

P. O. Address.....

Bloomfield, 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.**