No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1940

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25442

Primary Registration District No. 2002

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: 1212 Murphy Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community 10 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

(c) City or town Joplin Missouri; (If outside city or town limits, write "RURAL")

(d) Street No. 1212 Murphy Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Minerva Roberts; 163

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife Z.L. Roberts;

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

7. Birth date of deceased Feb. 9, 1856; (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Cassville Mo; (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business House wife

FATHER
12. Name William Box. 0
13. Birthplace Missouri; (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizebeth Green.
15. Birthplace Missouri; (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Bessie Hunter

(b) Address 1212 Murphy Ave. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1940; (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Cassville Mo;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 7-30-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July 28 day 1940

year hour 4-45 A.M. minute M.

21. I hereby certify that I attended the deceased from July 23 40, 19 to July 28, 1940;

that I last saw her alive on July 28, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Broncial pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address Fusco Bldg Joplin Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

40-8-294

## 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 Steve D. Parker

Licensed Embalmer No. 2547

P. O. Address Joplin Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**