FILED AUG 21 1940

S. No. —11-10-39 . 5-17-39 P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25929

Registration District No. 656 Primary Registration District No. 6281 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Holland Rural 2
(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 At Home (Specify whether years, months or days)
In this community 19 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Steele R.F.D.#.2.
(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.? years.

3. (a) PRINT FULL NAME Jessie Roberts 163
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Roberts
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan (Month) 8 (Day) 1891 (Year)
8. AGE: Years 49 Months 5 Days 1 If less than one day hr. min.
9. Birthplace Union Town, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Phillip Pfeffer
13. Birthplace Louiville, Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucenda Mills
15. Birthplace Knoxville, Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Minzad Pfeffer
(b) Address Steele, Mo. R.#.2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6. 11. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director German Undt Co
(b) Address Steele, Mo.
19. (a) 8-3-1940 (Date received local registrar) (b) Tom Brigance (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1940 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov. 15, 1939, to June 9, 1940, that I last saw her alive on June 9, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left side Hydronephrosis (Rt. Kidney Previously removed) with uremic Poisoning, hypertension, & Anemia	7½ mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 588 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. L. Taylor (M. D. or other) M.D.
Address Steele, Mo. Date signed 6-10-40

(Licensed Embalmer's Statement on Reverse Side)

8-40-36

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.