

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27942

State File No. _____

Registration District No. 75

Primary Registration District No. 5114

Registrar's No. 5114

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: nc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

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

(d) Street No. "Rural"
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Floyd Roberts 163

8. (b) If veteran, name war no (c) Social Security No. no

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Baby

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

7. Birth date of deceased May 20th 1940
(Month) (Day) (Year)

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

X X 15 hr. min.

9. Birthplace Harrisburg MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Baby

MOTHER FATHER { 12. Name Jack Roberts

{ 13. Birthplace Harrisburg MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elsie Gilliam

{ 16. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Roberts

(b) Address Harrisburg

17. (a) Burial (b) Date thereof June 4 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg Cem

18. (a) Signature of funeral director R. O. [Signature]

(b) Address _____

19. (a) _____ (b) Miss N. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1940 hour 10 30 minute P M.

21. I hereby certify that I attended the deceased from May 20
June 3rd 1940 to June 2, 1940
that I last saw him alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital malformation of heart

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
76 While at work? 76 (Specify type of place)
76 (a) Means of injury _____

23. Signature H. Gullett (M. D. or other) _____
Address Harrisburg Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 No Embalming, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3183

P. O. Address _____

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.