

FILED SEP 1 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29402**

Registration District No. 712 Primary Registration District No. 4427 Registrar's No. 20

**1. PLACE OF DEATH:**  
 (a) County Pulaski  
 (b) City or town Richland, Mo.  
(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) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 20 years  
years, months or days

**3. (a) PRINT FULL NAME** George Henry Roberts 163  
**8. (b) If veteran,** name war No **8. (c) Social Security** No. No

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Anna May Roberts **6. (c) Age of husband or wife if alive** 87 years  
**7. Birth date of deceased** Oct. 2 1856  
(Month) (Day) (Year)

**8. AGE:** Years 83 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Bowling Green, Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Merchant

**11. Industry or business** ?  
**MOTHER FATHER**  
**12. Name** Unknown  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Frank Gordon  
**(b) Address** Richland, Mo.

**17. (a) Burial** Burial **(b) Date thereof** July 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Crocker Cemetery

**18. (a) Signature of funeral director** J. L. HOOPS & SONS  
**(b) Address** Crocker, Mo.

**19. (a) July 5/1940** **(b) Robert A. Oliver**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pulaski  
 (c) City or town Richland Mo  
(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.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 5  
 year 1940 hour 8 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** July 5, 1940, to July 5, 1940;  
 that I last saw him alive on July 5, 1940;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Heart Failure Justly  
 Duration \_\_\_\_\_

**Due to** Unknown

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

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy None

**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?  
None

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

**23. Signature** Robert A. Oliver (M. D., or other)  
**Address** Richland, Mo. Date signed 7.5/1940

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.

RECEIVED

District Health Officer No. 5,

District File Number 840875

Date Filed \_\_\_\_\_

270W

---

---

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.

Registration District No. **712**

Primary Registration District No. **4427**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Ouachita**

(b) City or town **Richland T.P.**  
(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 \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **George Henry Roberts**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>5</b>	<b>3</b>	hrs. min.

9. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) **July 5, 1940** (b) **Everett A. Oliver**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death: **Heart failure**  
Duration

Due to **myocarditis (chronic)** **unknown**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: **92C**

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? \_\_\_\_\_

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

23. Signature **Everett A. Oliver** (Registrar's signature)

Address **Richland** **Mo.**

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

SUPPLEMENTAL

