

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35968

State File No.

Registration District No. 114

Primary Registration District No. 5869

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Portageville, Mo.
(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 X
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Portageville, Mo. - R.F.D. # 2
(d) Street No.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Oct
year 1940 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from May 1940 to Oct., 12, 1940;
that I last saw her alive on Oct 12-40 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis, arteriosclerosis, gall stone disease, Secondary anemia

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Georgie Baker Roberts

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, married Married

6. (b) Name of husband or wife Charlie Roberts 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 27, 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months One Days 15 If less than one day hr. min.

9. Birthplace Near Ridgely, Tenn (City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business NO

MOTHER FATHER { 12. Name Zack Cayton
13. Birthplace Ky
14. Maiden name Ellen Whitney
15. Birthplace Columbus, Ky
Charlie Roberts

16. (a) Informant (b) Address R-2, Portageville, Mo.

17. (a) Burial (b) Date thereof 10/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director LaForge Und. Co., (b) Address Caruthersville, Mo.

19. (a) 10-18-1940 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions None
(Includes pregnancy within 3 months of death)

Major findings: as above
Of operations
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

5 While at work? (Specify type of place) (e) Means of injury
23. Signature A.A. Reader (M. D. or other)
Address Portageville, Mo. Date signed 10/13/40

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

11-40-1

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.....

..... Not Embalmed, 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 with the above constitutes grounds for revocation of license.)

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