

3. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39437**

Registration District No. 654 FILED DEC 12 1940 Primary Registration District No. 5473 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County Pemiscot  
(b) City or town Steeles Rural (Cooter Twp)  
(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 2 mo. \_\_\_\_\_ (Specify whether  
years, months or days) 3

**3. (a) PRINT FULL NAME** Betty Jo Roberts  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** 10 9 1938  
(Month) (Day) (Year)

**8. AGE:** Years 2 Months 0 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Gibson Co., Tennessee  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Infant

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER** { **12. Name** Joe Roberts  
                          { **13. Birthplace** Tennessee  
                          { (City, town, or county) (State or foreign country)  
                          { **14. Maiden name** Lula Patterson  
                          { **15. Birthplace** Tennessee  
                          { (City, town, or county) (State or foreign country)

**16. (a) Informant** Joe Roberts  
**(b) Address** Cooter, Mo.

**17. (a) Removal** Removal **(b) Date thereof** 10-30-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Trenton, Tennessee

**18. (a) Signature of funeral director** Holmes Funeral Home  
**(b) Address** Trenton, Tennessee.

**19. (a) 12-10-1940** **(b) Tomb** St. Anthony  
(Date received local registrar) (Registrar signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Tennessee (b) County Gibson  
(c) City or town Trenton (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. About 5 miles West of Trenton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 10 day 29  
year 1940 hour 10 minute 30A M.  
**21. I hereby certify that I attended the deceased from** one  
day \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw her alive on 26 \_\_\_\_\_ 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** ulcerated  
tonsils and neglect  
**Duration** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** 115 W  
(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** **While at work?** \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** Jo R. W. Daniel (M. D. or other)  
**Address** Steeles Mo. **Date signed** 10-24-40

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

12-40-18

**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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.**