

No. 2
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FILED FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1745

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 21

1. PLACE OF DEATH: Boone
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution: 702 N 8th St
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Columbia
(d) Street No. 702 N 8th St
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME NANCY SUE ROBERTS
(b) If veteran, name war X (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan'y day 26th
year 1941 hour 5:50 minute A. M.
21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife Baby 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec 8th 1940 (Month) (Day) (Year)

Immediate cause of death
Baby was dead when I got there.
Due to Virus of Pneumonia from h...
Due to h.m.v. Bronchial

8. AGE: Years X Months 1 Days 18 If less than one day hr. min.

9. Birthplace Columbia Mo (City, town, or county) (State or foreign country)

10. Usual occupation Baby
11. Industry or business Baby

MOTHER, FATHER { 12. Name VIVIAN ROBERTS
13. Birthplace Columbia Mo (City, town, or county) (State or foreign country)
14. Maiden name Betty FORD
15. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 107
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Vivian Roberts
(b) Address 702 N 8th St
17. (a) Burial (b) Date thereof JAN 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

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 W.P. Bryant (M. D. or other) Allie Selby
Address Columbia Mo Date signed 1-27-41

18. (a) Signature of funeral director R. Overcast
(b) Address Columbia Mo
19. (a) 1/27/41 (b) Allie Selby (Data received local registrar) (Registrar's signature)

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.....

....., 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, fact should be so stated above.