No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10010

Registration District No. 72 Primary Registration District No. 5111 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia Tp
(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)

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Boone
(c) City or town Near Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. R R
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Josephine Roberts
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife L. F. Roberts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1866 (Year)

8. AGE: Years 75 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) MO (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name Joseph Seymour
13. Birthplace UK (City, town, or county) (State or foreign country)
14. Maiden name Rowland
15. Birthplace UK (City, town, or county) (State or foreign country)
16. (a) Informant Ed Roberts
(b) Address Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union Church Cem
18. (a) Signature of funeral director M McDonald
(b) Address Centralia Mo.
19. (a) 4/14-1941 (Date received local registrar) (b) F. H. Barden M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from ~~March 13~~ March 13, 1941, to April 2, 1941; that I last saw her alive on March 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	12 days
Due to Recumbent Position from fracture of left Femur	20 days
Due to	
Other conditions Chronic Cardiac — (Include pregnancy within 3 months of death) Renal Vascular Disease	years

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) Fracture of left Femur
(b) Date of occurrence March 13, 1941
(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? On farm
While at work? No (Specify type of place) (e) Means of injury Fall
23. Signature E. A. Bestermann (M. D. or other) M. D.
Address Centralia, Mo. Date signed 4/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 M J McDonald

Licensed Embalmer No. 25-89

P. O. Address Cuckoo 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, fact should be so stated above.