

No. 2  
1-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39075

FILED NOV 24 1941

State File No. \_\_\_\_\_

Registration District No. 67 7941

Primary Registration District No. 5903

Registrar's No. 147

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Rural Miller Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years  
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Miller Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Rolla, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME David Daniel 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 Unmarried

6. (b) Name of husband or wife Dora Roberts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 16 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Peora Mich  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER

12. Name Do not know

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Josiah Roberts

(b) Address Newburg Mo

17. (a) Burial (b) Date thereof Oct 24 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South

18. (a) Signature of funeral director Lee Johnson  
(b) Address Newburg Mo

19. (a) 10-24-41 (b) Jos. J. Myers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from one year  
19 \_\_\_\_\_ to Oct 23 1941  
that I last saw him alive on Oct 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy none

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 R. E. Brewer (M. D. or other)  
Address Newburg Mo Date signed 10/24/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

OK

PS

**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.....

*Lee Johnson*

Licensed Embalmer No.....

*3392*

P. O. Address.....

*Newburg, Va*

**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.**