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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43141

Registration District No. 805 Primary Registration District No. 6050 Registrar's No.

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

1. PLACE OF DEATH:
(a) County SCHUYLER
(b) City or town Rural Liberty Tw (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Lancaster RURAL (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THOMAS E. ROBERTS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 20 1883 (Month) (Day) (Year)
8. AGE: Years 58 Months 0 Days 20 If less than one day hr. min.
9. Birthplace Schuyler Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name Alexander Roberts
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan McCartney
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant F. A. Roberts
(b) Address Lancaster
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel cemetery
18. (a) Signature of funeral director Moreheads'
(b) Address Lancaster Mo
19. (a) Dec. 16-41 (Date received local registrar) (b) Byrdie M. Drake Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1941 hour 4 minute — P. M.
21. I hereby certify that I attended the deceased from Aug 1st, 1941, to Dec 14, 1941,
that I last saw him alive on Dec 14, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death ~~Oct 24~~ ... Duration 6 mo
Due to Adenocarcinoma of Rectum
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J H Keller (M. D. or other)
Address Lancaster Date signed Dec 16 1941

119

(Licensed Embalmer's Statement on Reverse Side)

STANDARD CERTIFICATE OF DEATH

RECEIVED
District Health Officer No. 10
District File Number 1-42-48
Date Filed JAN 9 1942

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 Missouri True Morehead, Registered Apprentice No. ....., working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3680-3731

P. O. Address Lancaster Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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