

FILED MAR 13 1942
Registration District No. 387

Primary Registration District No. 4341

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

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Madison Mo.
(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 Life time years, months or days

3. (a) PRINT FULL NAME Elvrene Roberson

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 James Roberson 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased 5-16-1889 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Monroe Ohio (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business home

12. Name Joseph Johnson

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

14. Maiden name Mandy Henderson

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

16. (a) Informant Elvrene Roberson

(b) Address Madison Mo

17. (a) Burial (b) Date thereof 2/8/42 (Monthly) (Day) (Year)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director Fred Thompson

(b) Address Madison Mo

19. (a) 2/18/42 (b) Otto K Hedberg (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1942 hour 4 minute 20 M.

21. I hereby certify that I attended the deceased from Dec 11 1941 to Feb 17 1942 that I last saw her alive on Feb 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic Nephritis years.

Due to _____
Other conditions Influenza & Pneumonia (Include pregnancy within months of death)
followed by Uremia

Major findings: _____
Of operations _____
Of autopsy 1316

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 J R Turner D.O. (M.D. or other)
Address Madison Mo Date signed 2/18/42

Duration 4 hrs.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-326

Date Filed MAR 10 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

Richard Brown

Registered Apprentice No.

309

working under my personal supervision.

Signed

Mrs. Ina Thompson

Licensed Embalmer No.

3282

P. O. Address

Madison, Wis.

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.