

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 59

FILED JUN 10 1942
Registration District No. 1257

Primary Registration District No. 5234

20000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Washington Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Washington Township-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Jessie Johnson Roby

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Jane Roby 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 1, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 17 X hr. X min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name Martin V. Roby

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

14. Maiden name
15. Birthplace XX Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Dale O Roby

(b) Address Caplinger Mills Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Old Union, Caplinger

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) June 3, 1942 (Date received local registrar) (b) W. Myrtle Brought (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 1942 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from 4/12 to 4/17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Hypertrophy (cardiac) 5 yr.
Coronary Sclerosis 5 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 c 2
Of autopsy

Duration 30 days
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. E. Bennett (M. D. or other) M.D.
Address Stockton, Mo. Date signed 5/24/42

RECEIVED

District Health Officer No. 7,

District File Number 6-42-599

Date Filed 6-9-42

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.....

Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.