

Registration District No. 111 SEP 8, 1942

Primary Registration District No. 5546

45  
0  
0

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

1. PLACE OF DEATH: HOWARD

(a) County HOWARD

(b) City or town Rural Franklin Twp  
(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 3 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howard <sup>45</sup>

(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin Twp.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROY DANIEL ROBERTS.

3. (b) If veteran, name war WORLD WAR # I. 3. (c) Social Security No. 496-01-1153

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27-4<sup>o</sup>  
year 1942 hour 4:00 <sup>PM</sup> minute \_\_\_\_\_ M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELEN GABRIEL 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: FEB. 6 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 6 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Accident Duration \_\_\_\_\_

Due to Crushing by tractor

Due to 1950-6

9. Birthplace PARIS MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

Other conditions none <sup>1950-3</sup>  
(Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name EDWIN ROBERTS.

13. Birthplace \_\_\_\_\_ Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name LUCY ROBERTS.

15. Birthplace MARROE MO. 0  
(City, town, or county) (State or foreign country)

Major findings: Crushed  
Of operations hazards and Ruptured

Of autopsy Inquest

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

16. (a) Informant Lee Roy Roberts

(b) Address FRANKLIN, MO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident <sup>75</sup>

(b) Date of occurrence Aug. 27, 4 P.M. 1942

17. (a) BURIAL (b) Date thereof Aug. 29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOONVILLE MO.

(c) Where did injury occur? 14 Miles West of  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at his farm

18. (a) Signature of funeral director E. S. Neuman

(b) Address New Franklin Mo.

19. (a) 8-29-42 (b) Thomas S. Denny  
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) (c) Means of injury Tractor  
Crushed horn

23. Signature J. S. Richard (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8-27-42

HP

OCT 10 1945

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-4-42

SEP 8 1945

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.