S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28419

Registration District No. 863-354 Primary Registration District No. ~~863~~ 6209 Registrar's No. 17

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town HOUSTON PINEY
(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 57 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TEXAS
(c) City or town HOUSTON
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

107 0 0

3. (a) PRINT FULL NAME LAURA REBECCA MAY
3. (b) If veteran, name war ____
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DOC MAY
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased MARCH (Month) 15 (Day) 1857 (Year)

8. AGE: Years 85 Months 2 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace BOLIVAR MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ____
FATHER 12. Name ERASMUS ROBERTS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Gertie Gobble
(b) Address Conville Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON MO
19. (a) 5-26-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 1942 year 12 hour 25 minute A.M.
21. I hereby certify that I attended the deceased from MAY 30, 1940 to MAY 22, 1942 that I last saw her alive on MAY 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE DILITATION OF HEART	
Due to HYPERTENSIVE CARDIO-RENAL-VASCULAR DISEASE	
Due to SENILITY	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

13/a

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 L. M. Dillman (M. D. or other) D.O.
Address HOUSTON, MO Date signed 5-23

124C (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 94-2788
Date Filed 9-11-43

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.