

S. No. 2
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5-17-39
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34452

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1942

Registration District No. 254

Primary Registration District No. 5863

Registrar's No.

75
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Oregon Oak Grove.
(b) City or town Couch Twp. Myrtle 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 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Couch (Rural)
(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 0

3. (a) PRINT FULL NAME Luther G. Roberts
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 6
year 1942 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from 19....., to 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. Thomason 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased October 22 1880
(Month) (Day) (Year)

Immediate cause of death Tubercular Tuberculosis Duration 6-7 months
Due to Severe case of TB & Pneumonia 1942

8. AGE: Years Months Days If less than one day
61 10 14 hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death) 15

9. Birthplace Garfield Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

PHYSICIAN
Major findings:
Of operations
Of autopsy

11. Industry or business
12. Name Alec Roberts
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taylor
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Debbs Roberts
(b) Address Myrtle, Mo.

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?

17. (a) Burial (b) Date thereof 9/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cotton Creek Cem.
18. (a) Signature of funeral director Res Dan Thayer, Mo.
(b) Address
19. (a) 10-6-42 (b) Joe W. Williams
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work? (c) Means of injury 0
23. Signature Thayer (M. D. or other) MI
Address Date signed 10-1-42

RECEIVED

District Health Officer No. 5,

District File Number 1142965-

Date Filed _____

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.....

Licensed Embalmer No.

P. O. Address.....

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.