

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41693

State File No. _____

FILED JAN -5 1943

Registration District No. _____

Primary Registration District No. 443

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(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 _____
years, months or days

3. (a) PRINT FULL NAME Daniel Roberts

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

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

6. (b) Name of husband or wife Mrs. Phoebe Roberts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 26 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 7 hr. min.

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

10. Usual occupation General Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Roberts
13. Birthplace North Wales
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace North Wales
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phoebe Roberts

(b) Address Huntsville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/5/1942
(Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 1/2/43 (Date received local registrar) (b) Mrs. P. Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Samuel Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1942 hour 4:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 1 1938 to Dec. 2 1942
that I last saw him alive on Dec 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yrs

Due to arteriosclerosis

Due to 930

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none

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 P. D. Davis (M. D. or other) M.D.

Address Huntsville Mo Date signed 1/2/42

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

RECEIVED

District Health Officer No. 10

District File Number 1-43-4106

Date Filed Jan - 4 - 1943

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 Paul S. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Tenn

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.