

FILED FEB 15 1943

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 MISSOURI AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Mo AVE
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME CHARLOTTE ROXIE ROBERTS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MARCH 4 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 15 hr. min.

9. Birthplace QUANTICO COUNTY, MARYLAND
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEKEEPER

12. Name WASHINGTON ROBERTS

13. Birthplace State of MARYLAND
(City, town, or county) (State or foreign country)

14. Maiden name MARY GODDARD

15. Birthplace State of MARYLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MISS LELLA HARRIS

(b) Address 115 Mo. AVE - CHARLESTON, Mo

17. (a) BURIAL (b) Date thereof 12-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, Mo

18. (a) Signature of funeral director John F. ...

(b) Address Charleston Mo

19. (a) Jan 10/43 (b) D. S. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 19TH
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased for PAST
8 YRS years, 19... to 19...
that I last saw her alive on about Dec 1, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion

Due to Sudden death

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 E. Chastleving (M.D. or other) _____
Address Charleston, Mo Date signed 12/23/42

RECEIVED

District Health Office No. 2,

District File Number 243-224

Date Filed 2-8-43

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.....

John F. Nunneler Jr

Licensed Embalmer No. 3851

P. O. Address.....

Charleston, N.C.

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.