S. No. 2
M—5-42
5-17-39
I X32877

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11031

State File No.

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pemiscot County

(b) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. 902 Belle Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Rueal Franklin Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. 408-12-8886

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. May Roberts

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August (Month) 7, (Day) 1900 (Year)

8. AGE: Years 42 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Wayne County, (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Grocery Clerk

11. Industry or business

FATHER
12. Name John Roberts
13. Birthplace Wayne County (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Hannah Helton
15. Birthplace Hardin County, (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. May Roberts
(b) Address 902 Belle Ave. Caruthersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. La Forge
(b) Address Caruthersville, Mo.

19. (a) 3-25-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 6.00 minute P.M.

21. I hereby certify that I attended the deceased from February 5, 1943, to March 24, 1943, that I last saw him alive on March 24, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious anemia	
Due to: Chronic malaria.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 G. W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 3/29/43

1206

(Licensed Embalmer's Statement on Reverse Side)

3-43-164

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Carutherville, 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.