

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 548

LED JUN 8 1943

Registration District No. 2/2

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 So. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claude E. Roberts
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day Sixth
year 1943 hour 4:00 minute 40 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased September 5, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30 1943 to May 6 1943
that I last saw him alive on May 5 1943
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: Years 70 Months 8 Days 1 If less than one day _____ hr. _____ min.

Due to Empyema Chest 10 days
Due to adobe house 1100

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Empyema Plethorax PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy Empyema v. acute Pericarditis

11. Industry or business None
12. Name Silas Roberts
13. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Dilmer
15. Birthplace Clinton County, Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Bessie Roberts (Wife)
(b) Address 1212 So. 11th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43
(Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet Cemetery
18. (a) Signature of funeral director John C. [Signature]
(b) Address 6054 Pryor Ave., St. Joseph, Mo.
19. (a) 5-8-43 (Date received local registrar) (b) Rae [Signature] (Registrar's signature)

23. Signature Clayton [Signature] (M. D. or other) MD
Address Social Welfare Board Date signed 5-8-43

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

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, on _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.