V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. 57

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17537

State File No.

Primary Registration District No. 5181

Registrar's No. 16

16
0
0

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution Oak Ridge Mo R.F.D #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Oak Ridge Mo R.F.D #1 (If rural, give location)
(e) Citizen of foreign country? ~~Yes~~, No, (Yes or No)
If yes, name country

16
0
0

3. (a) PRINT FULL NAME Artie Roberts.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife L. D. Roberts.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec (Month) 5 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Oak Ridge Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife.

11. Industry or business

FATHER
12. Name Dr Hy B Futrell
13. Birthplace Ky. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Regina Dulley
15. Birthplace Bollinger Co. (City, town, or county) 1 (State or foreign country) 0

16. (a) Informant Lynn Roberts
(b) Address Oak Ridge Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director McGuire & Son Co
(b) Address Jackson Mo.

19. (a) 5-3-1943 (Date received by local registrar) (b) Henry W. Rust (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1943 hour 8 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb, 1943, to April 28 1943 that I last saw her alive on April 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R. D. Taylor (M. D. or other)
Address Oak Ridge Mo. Date signed 4-29-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-2294

Date Filed 6-7-43

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 B. A. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.