29463

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324 — Primary Registration District No. 3072 — Registrar's No. 168

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons (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 All his life since a child

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 555 So. Odell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry W. Roberts
3. (b) If veteran, name war Confederate Soldier
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 29 (Day) 1863 (Year)

8. AGE: Years 79 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Nelson Co. (City, town, or county) Verginia (State or foreign country)
10. Usual occupation Farmer
11. Industry or business " "
FATHER
12. Name John M. Roberts
13. Birthplace Nelson Co. (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Sarah E. Fields
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant F.C. Barnhill
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director J. Leslie Sussney
(b) Address Marshall, Mo.
19. (a) Aug 22 43 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 43 hour 4 minute 8 M.
21. I hereby certify that I attended the deceased from July 1, 1943, to Aug 20, 1943 that I last saw him alive on Aug 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial Sclerosis	3 mo
Due to	
Due to Age 97	
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
Signature [signature] (M. D. or other)
Address Marshall Mo. Date signed 8/21/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-10-43

OCT 27 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 J. Leslie Jurney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.