

No. 2  
9-4-41  
5-17-43

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29493

FILED SEP 9 1943  
Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County DeSoto

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME MARY FRANCES ROBERTS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. P. Roberts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 20 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 8 23 hr. \_\_\_\_\_ min.

9. Birthplace Monticello Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas B Hanly

13. Birthplace Jenns Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Mc Roberts

15. Birthplace Jenns Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Roberts

(b) Address Memphis, Mo

17. (a) burial (b) Date thereof Aug 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director J. P. Roberts

(b) Address Memphis, Mo

19. (a) Aug 24 1943 (b) Berrie Wilson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeSoto

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1943 hour 2 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 24 1940 to Aug 13 1943  
that I last saw him alive on Aug 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Cerebral hemorrhage today

Due to Deafness yrs. 61

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 gun

23. Signature B. E. Lilla (M.D. or other) yes

Address Memphis, Mo Date signed 8-16-43

1093

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File No. 9-43-1452

Date Filed SEP 8 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 Neal Payne  
Licensed Embalmer No. 2550  
P. O. Address Memphis, Tenn.

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.