V. S. No. 2
OM—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31261

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1056

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

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: Missouri Meth. Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital - 4 Hrs. (Specify whether In this community 4 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 5 (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Samuel Patton Roberts

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lucy Roberts

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

7. Birth date of deceased Aug (Month) 4 (Day) 1874 (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Tenna 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name King Roberts.
13. Birthplace (City, town, or county) Tenna 1 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) not known (State or foreign country)

16. (a) Informant Eli Roberts.

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director Lyon Funeral Home

(b) Address Plattsburg Mo.

19. (a) 9-30-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1943 hour 11 minute 3 P. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1943, to Sept. 29, 1943 that I last saw him alive on Sept. 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of ileum (fell striking abdomen on large boulder) — Duration 9/28/43

Due to Peritonitis, general

Due to

Other conditions Incarcerated (Include pregnancy within 3 months of death) right inguinal hernia

Major findings: Of operations 186a

Of autopsy as above 39

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) Accident 025

(b) Date of occurrence Sept. 28, 1943

(c) Where did injury occur? Plattsburg (City or town) Clinton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? Yes (e) Means of injury Fell

23. Signature S. P. Senior M.D. (M. D. or other)

Address St. Joseph Mo Date signed 9-30-43

(Licensed Embalmer's Statement on Reverse Side)

1233

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 Daniell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.