. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32693

State File No. 32693

Registration District No. 324 Primary Registration District No. 44-75 092 Registrar's No. 185

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Malta Bend, Mo. R. # I. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lhm d Pass J. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community: All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 097

(c) City or town: Malta Bend, Mo. R. # I. (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Nancy Verlinda McRoberts

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: September (Month) 21 (Day) 1861 (Year)

8. AGE: Years 81 Months 11 Days 20 If less than one day: hr. min.

9. Birthplace: Saline Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Andrew J. McRoberts

13. Birthplace: Ross Co. (City, town, or county) Ohio (State or foreign country) 1

MOTHER 14. Maiden name: Mary P. Sisk

15. Birthplace: Pickway Co. (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: Ernest McRoberts

(b) Address: Malta Bend Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Malta Bend, Mo.

18. (a) Signature of funeral director: Campbell-Rose

(b) Address: Marshall, Mo.

19. (a) 9-14-43 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-5, 1942 to 9-11, 1943 that I last saw her alive on 9-10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis Gen.	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Dementia Senile	?
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:

23. Signature: Geo A Tellny (M. D. or other)

Address: Waverly Mo. Date signed 9-13-43

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-11-43

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 R. W. Campbell

Licensed Embalmer No. 3469

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.