

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35622

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 125

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Mound St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Bonne Terre ²
(If outside city or town limits, write "RURAL")

(d) Street No. Mound St ¹
(If rural, give location)

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME ELIZABETH ROBERTS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1943 hour 5 minute 30 A. M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John B. Roberts

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 5 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16 1943, to Oct 5 1943, that I last saw her alive on Oct 4 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 15 hr. _____ min. _____

Immediate cause of death: intestinal obstruction ^{4 days}

Due to: strangulated umbilical hernia

9. Birthplace Powhattan, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions: Ch. myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name of father Robert Ward

13. Birthplace of father Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name of mother W. Krenn

15. Birthplace of mother W. Krenn ⁹
(City, town, or county) (State or foreign country)

Major findings: 122a ²

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John B. Roberts

(b) Address Mound St Bonne Terre

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Mem. Pk

18. (a) Signature of funeral director Benham Und. Co.

(b) Address 318 Benham Bonne Terre

19. (a) 09.30.1943 (b) Byndie Gubmester
(Date received local Registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. Gaebe (M. D. or other) ⁰

Address 1024 W. 7th Date signed 10-27-43

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

RECEIVED

District Health Officer No. 4
District File Number 1143-2863
Date Filed 11-5-43

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonnet Lane 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.