

FILED FEB 14 1944

Registration District No. 279

Primary Registration District No. 4372

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

I. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Viola ALBERTA ROBERTS

9. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Roberts 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb. 25 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 15 hr. _____ min.

9. Birthplace Fairfield Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Canterbury
13. Birthplace Wabnavor Wabnavor
(City, town, or county) (State or foreign country)
14. Maiden name Mary Orth
15. Birthplace Wellston Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Roberts

(b) Address Burlington Jet

17. (a) Burial (b) Date thereof Jan 13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery St. Joseph, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) Jan 13 1944 (b) Mr W. Carpenter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Burlington Junction
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Generalized Arterio-Sclerosis
Chronic Myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Duration

Indefinite

PHYSICIAN

Major findings: _____
Of operations: _____
~~Of autopsy~~ Coronary Artery

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.R. Jackson (M. D. or other) _____
Address Marion, Mo. Date signed 1-12-44

MAR 6 1944

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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Holkins, 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, above space should be left blank.