S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18382

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days (Specify whether years, months or days)
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City (If outside city or town limits, write "RURAL") 6
(d) Street No. 114 S. Main Street (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Albert Roberson
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced 2 divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 27 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	28	hr. min.

9. Birthplace Webb City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Printer
11. Industry or business
FATHER
12. Name James W. Roberson
13. Birthplace Jasper County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Lilly Gammon
15. Birthplace (City, town, or county) Illinois 0 (State or foreign country)
16. (a) Informant Bro. Russell Roberson
(b) Address Webb City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Missouri
19. (a) May 27, 1944 (Date received by local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1944 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 29, 1944 to May 25, 1944 that I last saw him alive on May 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of the liver.	
Due to Chronic Alcoholism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cirrhosis of the liver, Confirmed.	

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 J. R. Kerr (M. D. or other)
Address 330½ Main Joplin Date signed 5-25-44

(Licensed Embalmer's Statement on Reverse Side)

44-5-471

Female

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 C. H. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.