S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21687

Registration District No. FILED JUL 24 1944

Primary Registration District No. 5550

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Hocomo Bentonville (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 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town Hocomo (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Rosetta H. Roberson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race Wht

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

6. (b) Name of husband or wife Claud Roberson

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

7. Birth date of deceased Dec 22 (Month) (Day) (Year)

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Hocomo (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name J. H. McDaniel
13. Birthplace Arditta (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Pearla Fowler
15. Birthplace Arditta (City, town, or county) Mo (State or foreign country)

16. (a) Informant Claud Roberson

(b) Address Hocomo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)

(c) Place: burial or cremation Amy Lem

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo

19. (a) 6-22-44 (Date received local registrar) (b) Jail Hailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 1944 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 2-24- 1943, to 6-15- 1944; that I last saw her alive on 6-9- 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 b1

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 E. C. Bohrer (M. D. or other) M.D.

Address West Plains Mo Date signed 6-21-44

1125 (Licensed Embalmer's Statement on Reverse Side) Bohrer

RECEIVED
District Health Officer No. 5
District File Number 24391
Date Filed 7-8-44

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 D D Robertson

Licensed Embalmer No. 3432

P. O. Address West Paris, Me.

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.