V. S. No. 2
50M—5-42
Rev. 5-17-39
P I X32873

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. 21787

FILED JUL 13 1944

Registration District No. 105 — Primary Registration District No. 3127 — Registrar's No. 56

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: West City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 914 W. Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
(c) City or town: West City
(If outside city or town limits, write "RURAL")
(d) Street No.: 914 W 3rd
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

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2

3. (a) PRINT FULL NAME: Addie Mae Roberts

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Widowed

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

7. Birth date of deceased: May (Month) 1 (Day) 1868 (Year)

8. AGE: Years 76 | Months 1 | Days 21 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business: —

MOTHER FATHER

12. Name: William Dyer

13. Birthplace: Kansas (City, town, or county) (State or foreign country)

14. Maiden name: Janetta McFarland

15. Birthplace: Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Selma Roberts
(b) Address: West City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cem.

18. (a) Signature of funeral director: West City Undertaking Co.
(b) Address: West City, Mo.

19. (a) June 26, 1944 (Date received local registrar) Mrs Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 2:40 minute a M.

21. I hereby certify that I attended the deceased from May 25, 1944, to June 22, 1944, that I last saw ~~her~~ alive on June 21, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to: Emphysema of Right lung	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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: [illegible] (M.D. or other)
Address: Webb City, Mo. Date signed 6/23/44

(Licensed Embalmer's Statement on Reverse Side)

1160

44-6-556

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 Clayton M. Johnston

Licensed Embalmer No. 4394

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.