

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25929

FILED JUL 26 1943

Registration District No. 1

Primary Registration District No.

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)(If not in hospital or institution, write street number or location) 1(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 7 mi. N. of Viola, Mo. (Specify whether
years, months or days)3. (a) PRINT FULL NAME Andrew Henderson Roberts

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married divorced Widowed6. (b) Name of husband or wife Rebecca Roberts 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov. 1, 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 8 7 hr. min.9. Birthplace unknown 9
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac Bond Roberts13. Birthplace unknown 10
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown 11
(City, town, or county) (State or foreign country)16. (a) Informant Gerald Roberts(b) Address Cassville, Ark. Rt. #117. (a) Burial (b) Date thereof July 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fields Cem.18. (a) Signature of funeral director W. D. Moon(b) Address Cassville, Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 194(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. 7 mi. N. of Viola, Mo.
(If rural, give location)(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1943 hour 2⁷ minute 15 P. M.21. I hereby certify that I attended the deceased from
July 30, 1942 to June 5, 1943that I last saw him alive on May 14, 1943
and that death occurred on the date and hour stated above.Immediate cause of death _____
Carcinoma of stomach Duration 2 years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations H&P

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature E. E. McNamee (M. D. or P. D.)Address Cassville Date signed 7/9/43

1195

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. [Signature]

Registration District No. 344

Primary Registration District No. 16157

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural Williams Twp
(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 7 mi n of Viola Mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Andrew H. Roberts

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife Rebera 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased mo
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days _____ (If less than one day) min.

9. Birthplace Stone (City, town, or county) unk (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Isaac B. Roberts

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

14. Maiden name _____

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

16. (a) Informant Gerald Roberts

(b) Address Berwick unk Rt 4

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof July 9 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Fields Cem

18. (a) Signature of funeral director W. O. Keen

(b) Address Cassville, Mo

19. (a) 5-9-1944 (b) Chester D. Scott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1943 minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 1 year

Due to _____

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? _____

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

23. Signature E. C. McDaniel (M. D. or other) _____

Address Cassville Date signed 7/9/45

MOTHER FATHER

SUPPLEMENTAL

25929