V. S. No. 2
00M—8-43
ev. 5-17-39
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FILED SEP 18 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30472

Registration District No. 40 Primary Registration District No. 5122 Registrar's No. 16

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

10
0
0

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Rocky Fork Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. (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 Six Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Centralia (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME CARRIE F ROBERTS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 10 (Day) 1889 (Year)

8. AGE: Years 54 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Mo. 10 (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name L. F. Roberts
13. Birthplace Boone Co (City, town, or county) Mo 10 (State or foreign country)

MOTHER
14. Maiden name Susie Seymour
15. Birthplace Boone Co (City, town, or county) Mo. 10 (State or foreign country)

16. (a) Informant Edward Roberts

(b) Address Centralia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 23 (Day) 44 (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director M. McLaurin

(b) Address Centralia Mo

19. (a) 8/23-1944 (Date received local registrar) (b) Mrs Ralph Bryan (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 21 year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-1-43 19 , to 8-21-44 , 19 ; that I last saw her alive on 8-21-44 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma

Due to from Primary Carcinoma of Left Breast.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

50

Duration

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 L. P. O'Baker (M. D. or other) D.O.

Address Centralia Mo Date signed 8-23-44

1243 (Licensed Embalmer's Statement on Reverse Side)

SEP 19 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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed M J McDonald

Licensed Embalmer No. 4313

P. O. Address Centralia 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.