V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

Registration District No. 8B

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41005

Primary Registration District No. 3017

Registrar's No. 145

27
1
2

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 70 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 615-6th. St. 2
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Virginia 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 2

6. (b) Name of husband or wife Wm. S. Roberts.

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

7. Birth date of deceased October (Month) 3" (Day) 1853 (Year)

8. AGE: Years 91 | Months 2 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Louisville, (City, town, or county) Kentucky. (State or foreign country) 1

10. Usual occupation Housewife.

11. Industry or business At home.

FATHER
12. Name Jacob M. Summers.
13. Birthplace (City, town, or county) Virginia. (State or foreign country) 1

MOTHER
14. Maiden name Lucy Jane Cook.
15. Birthplace Lexington, (City, town, or county) Kentucky. (State or foreign country) 1

16. (a) Informant Miss Ella Summers.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 13" (Day) 1944 (Year)
(c) Place: burial or cremation Louisville, Kentucky

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) 12-13-44 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1944 hour 11 minute 55 a.M.

21. I hereby certify that I attended the deceased from June ember, 1944, 1942 to December 10, 1944;
that I last saw her alive on December 10, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	1 ak.
Due to Chronic nephritis	?
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

131

Major findings:
Of operations None
Of autopsy None

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 [signature] (M. D. or other) M.D.
Address Boonville, Mo. Date signed 12/11/44

10 34

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-45

MAR 29 1949

MAR 7 1949

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 J W Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

MAY 2 1949

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.