

7. S. No. 2
DOM-5143
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10257
Registrar's No. 10

Registration District No. 236

Primary Registration District No. 5818

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

1. PLACE OF DEATH:

(a) County MORGAN

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

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

(d) Length of stay: 44 YRS (Specify whether years, months or days)

In this community 44 YRS

3. (a) PRINT FULL NAME MARY JEANETT-ROBERTS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race White

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

(b) Name of husband or wife JOHN-THOMAS-ROBERTS

6. (c) Age of husband or wife if alive 87 years

Birth date of deceased APRIL 2 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace Buchanan-Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WIFE

11. Industry or business HOME

MOTHER FATHER

12. Name MONROE-GRAY

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

14. Maiden name ANN-FARRIS

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

16. (a) Informant Mrs Grove Dugan

(b) Address Barnett Mo

17. (a) BYRIAL (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUPEWELL-CEM

18. (a) Signature of funeral director Keith M. Kaye

(b) Address Eldon Mo

19. (a) 3/13/45 (b) Roy Berbstresser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MORGAN

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

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

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH, day 12, year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/5, 1945, to 3/12, 1945, that I last saw her alive on 3/11 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy

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?

While at work? (Specify type of place) Means of injury 0

23. Signature A. D. Walker (M. D. or nurse)

Address Eldon Mo Date signed 3/13/45

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 3-45-338
Date Filed 4-10-45

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 Keith M. Fays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.