V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16259

Registration District No. 27

Primary Registration District No. ~~3096~~ 3005

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Bates

(b) City or town ~~RFD 4~~ Butler ~~Mt. Pleasant~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial Hospital, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. RFD 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Roberts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife William H Roberts

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

7. Birth date of deceased Oct. 26 (Month) 1865 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hector Peacock
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Coe
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Quentin Smith
(b) Address Butler, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) May 21, 1945 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from May 16th, 1945, to May 21, 1945;
that I last saw her alive on May 21, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Chronic Nephritis	
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 L. D. La Hue (M. D. or other) MD
Address Butler, Mo Date signed 5-21-45

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District Number 5-43-514
Date Filed 6-7-43

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind

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.