

FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 36 Primary Registration District No. 14048 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Boone

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ¹⁰

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

(d) Street No. _____ (If rural, give location) ^()

(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Edna M. Roberts

3. (b) If veteran, name war X X

3. (c) Social Security No. X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th year 1945 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sep 16 1945 to Sep 26 1945 that I last saw her alive on Sep 26 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

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

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

7. Birth date of deceased: Jan 10 1871
(Month) (Day) (Year)

Immediate cause of death Gonorrhea

Due to Chronic nephritis years

Due to _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>9</u> | <u>8</u> | hr. min. |

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.

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

10. Usual occupation House wife

11. Industry or business " "

MOTHER FATHER { 12. Name M C Baldwin

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

14. Maiden name Louise Plummer

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

16. (a) Informant J H Roberts

(b) Address Rockport Mo

17. (a) Burial (b) Date thereof Oct 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport Mo

18. (a) Signature of funeral director R Powell

(b) Address Columbia Mo

19. (a) 10/24/25 (b) MRS. W M ANGELL
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 J B Hillman Date signed 10/18/45
Address Columbia Mo

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

1596

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.....

A. Wiley

Licensed Embalmer No.....

3183

P. O. Address.....

Columbia 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.