

Registration District No. 374

Primary Registration District No. 4549

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Atterdale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)
In this community 60 yrs

3. (a) PRINT

FULL NAME JOHN CALVIN ROBERTS

3. (b) If veteran, name war. 3. (c) Social Security No. 491-28-0779

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maria Roberts 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan 16 (Month) (Day) (Year) 1865

8. AGE: Years Months Days If less than one day
80 19 15 hr. min.

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

10. Usual occupation Farmer and Clerk

11. Industry or business Produce House

12. Name Charles H. Roberts

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

14. Maiden name Margaret E. Tucker

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

16. (a) Informant Mary A. Roberts

(b) Address Atterdale, Mo.

17. (a) Burial (b) Date thereof 12-2-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atterdale Cem

18. (a) Signature of funeral director Arch C. Duffee

(b) Address Frank City, Mo.

19. (a) Dec 6-45 (b) Rita E. Bauman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Atterdale (If outside city or town limits, write "RURAL")
(d) Street No. Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1945 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 1 1945 to Dec 1 1945; that I last saw him alive on Dec 1 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Infarction Duration 2 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hole

Of autopsy Hole

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 2nd

23. Signature Charles H. Bauman (M. D. or other)

Address Bethany, Mo. Date signed 12-3-45

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.