

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 25 1946**  
Registration District No. 178

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 4286

State File No. **3177**  
Registrar's No. 103

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town LaGrange  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 Lewis 56  
(c) City or town LaGrange 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie Roberts  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 27  
year 1945 hour 3 minute 45 PM

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Arthur A. Roberts  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased: September 10 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 4, 1945, to DEC 27, 1945  
that I last saw her alive on DEC 27, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 3 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death TOXAEMIA OF MASSIVE ECZEMA  
Duration \_\_\_\_\_

9. Birthplace Canton, Lewis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Due to ALLERGY  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Milton H. Hawkins  
13. Birthplace Lewis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Nora De Vilbiss  
15. Birthplace Lewis Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 53  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Jessie Roberts  
(b) Address LaGrange, Missouri  
17. (a) Burial (b) Date thereof Dec. 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Grove Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Paul S. Buckley  
(b) Address Canton, Missouri  
19. (a) 12/31/45 (b) P. N. [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature W. E. [Signature] (M. D. or other) \_\_\_\_\_  
Address LaGrange, MO Date signed 12/29/45

(Licensed Embalmer's Statement on Reverse Side)

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

100534

99771 62-10000

RECEIVED  
District Health Officer No. 10  
District File Number 1-46-84  
Date Filed JAN 23 1946

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 Emul H. Buckley  
Licensed Embalmer No. 2615  
P. O. Address Canton, 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.