

FILED APR 6 1946 **STANDARD CERTIFICATE OF DEATH**

11928

State File No. _____

Registration District No. 841

Primary Registration District No. 3075

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Alva E. Roberts

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary K. Roberts 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Sept. 6 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Ruben E. Roberts
13. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. Fox
15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary K. Roberts
(b) Address Dexter, Mo.

17. (a) burial (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hagy Cemetery

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Mo.

19. (a) 3/1-46 (b) Margaret Pruitt
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1946 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from SEPT 15
1936, to MARCH 11 1946
that I last saw him alive on MARCH 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDITIS

Duration
3 HOURS

Due to BRONCHIAL PNEUMONIA & POSSIBLE LUNG ABSCESS

8 DAYS

Due to PARAPYSLIS ON LEFT SIDE DUE TO A CEREBRAL CONDITION

3 YEARS

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature Ly H a Poe (M.D. or other) DO
Address DEXTER, MO. Date signed 3/14/46

307

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

10839

RECEIVED
District Health Office No. 2,
District File Number 446-467
Date Filed 4-4-46

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. 3479

P. O. Address Dayton, Md.

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.