

**FILED** JUL 29 1946

Registration District No. 298 Primary Registration District No. 2056

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

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Wabash Hospital  
 (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 Randolph  
 (c) City or town Moberly  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 525 Franklin Ave  
 (If rural, give location)  
 (e) Citizen of foreign-country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Oscar Elmer Roberson  
 3. (b) If veteran, name war..... 3. (c) Social Security No. 703-01-1495

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Dec 5<sup>th</sup> 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 13 hr. min.

9. Birthplace Ky (City, town, or county) (State or foreign country)  
 10. Usual occupation Painter (Retired)  
 11. Industry or business Wabash R.R.  
 12. Name James Roberson  
 13. Birthplace Ky (City, town, or county) (State or foreign country)  
 14. Maiden name Emily Johnson  
 15. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs O. E. Roberson  
 (b) Address Moberly Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-46 (Month) (Day) (Year)  
 (c) Place: burial or cremation Holliday, Mo  
 18. (a) Signature of funeral director Mahawand Saw  
 (b) Address Moberly Mo  
 19. (a) June 20-46 (Date received local registrar) (b) Leah Williams Coxe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18<sup>th</sup> year 1946 hour 6 minute 35 a.m.  
 21. I hereby certify that I attended the deceased from..... 19.....  
Coroner Coxe that I last saw h..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration  
 Due to accident  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death) slowly  
 Major findings: Of operations slowly  
 Of autopsy 39  
 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) accident 127  
 (b) Date of occurrence 6-17-46  
 (c) Where did injury occur? Moberly Randolph Mo (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
St. Paul St. Moberly Mo  
 (Specify type of place) (e) Means of transport Fall from scaffold  
 While at work? Yes  
 23. Signature Leah Williams (M. D. or other) 3  
 Address Coroner Date signed 6-18-46

1946 7 9 8 4

RECEIVED

District Health Officer No. 10

District File Number 7-46-1278

Date Filed JUL 9 1946

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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..... Frank D DeWitt.....

..... Licensed Embalmer No. 3021.....

P. O. Address Moberly 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.