No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

223368

State File No.

FILED JUL 29 1946

Registration District No. Primary Registration District No. 3021 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town RFD Cainsville
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles N.W. of Cainsville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maude Leu Roberts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. M. Roberts

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 13 (Day) 1880 (Year)

8. AGE: Years 66 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George W. Civey
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Walker
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. M. Roberts
(b) Address Cainsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Cainsville, Missouri

19. (a) 6-9-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 7, 1946 to June 8, 1946 that I last saw her alive on June 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	2 wks
Due to: Hypertensive Heart Disease	many years
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Marian Lambert (M. D.)
Address Princeton, Missouri. Date signed 6/9/46

115 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1950

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~~ Eddie J. Stoklasa Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.