

Registration District No. 356 Primary Registration District No. 6209 Registrar's No. 77

1. PLACE OF DEATH:
 (a) County Texas
 (b) City or town Rural Piquet
 (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 47 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Ella Roberts
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Christopher Columbus 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 20 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Campbellburg Ky. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name William Mitchell
 13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Whaley
 (b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 11/30/46 (Month) (Day) (Year)
 (c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gayle B. Elliott
 (b) Address Houston, Mo.

19. (a) Nov. 20 - 1946 (b) Miptie Craig (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Texas
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 112 E. J. Houston (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1946 hour 4 minute 45p.M.

21. I hereby certify that I attended the deceased from 11-5- 1946, to 11-28 1946 that I last saw her alive on 11-28- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration 2 yrs. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ASD

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) (e) Means of injury 2

23. Signature Henry R. Ross (M. D. or other) D.O.
 Address Houston, Mo. Date signed 11-29-46

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

38207

RECEIVED

District Health Officer No. 5,

District File Number 1346667

Date Filed 12-13-46

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address. Houston 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.