

FILED JAN 9 1947

Registration District No. 57

Primary Registration District No. 4049

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
W. Lewis St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all of his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Centralia !  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. Lewis St 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 70  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Chas. S. Roberts

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Sallie Helen Roberts

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased (Month) 2 (Day) 25 (Year) 1867

8. AGE: Years 79 Months 10 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name David B. Roberts  
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

14. Maiden name Mary Sexton  
15. Birthplace Boone Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sallie Helen Roberts  
(b) Address Centralia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo. Cemetery

18. (a) Signature of funeral director R. P. Roberts  
(b) Address Centralia, Missouri

19. (a) Jan 1 - 1947 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27<sup>th</sup> year 1946 hour 2 minutes 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 1946, to Dec. 27 1946;  
that I last saw him alive on Dec. 27 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Stasis Pneumonia 2 days  
Due to Chronic myocarditis 20 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930  
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 R. P. Roberts (M. D. or other) Do.  
Address Centralia, Mo. Date signed 12-29-46

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

50440

RECEIVED  
District Health Officer No. 9,  
District File Number 1-8-47  
Date Filed

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 Paul P. Ballew

Licensed Embalmer No. 4206

P. O. Address Centerville, 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.