No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41711

Registration District No. 29

Primary Registration District No. 3056

Registrar's No. 282

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 Woodland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Eleven days (Specify whether

In this community Sixty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

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

(d) Street No. RFD #2 Cairo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALBERT LAWRENCE ROBERTS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Polly Roberts

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November (Month) - 9 (Day) - 1874 (Year)

8. AGE: Years 72 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Roberts
13. Birthplace Randolph Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Ellis
15. Birthplace Monroe Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. G. L. Roberts

(b) Address RFD #2 Cairo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) - 2 (Day) - 47 (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

19. (a) Jan 2-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1946 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 28, 1946 to Dec 31, 1946 that I last saw him alive on Dec 31, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-renal insufficiency	1 mo
Due to: uterine sclerosis	
Due to: Hypertrophy of prostate	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
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 0

23. Signature [signature] (M. D. or other)

Address Moberly Mo Date signed 12/31/46

264

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1952

RECEIVED
District Health Officer No. 10
District File Number 4474
Date Filed JAN - 6 1947

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 R M Cater

Licensed Embalmer No. 4117

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.