

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4056

State File No. _____

FILED MAR 3 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 240

1. PLACE OF DEATH:
Buchanan
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2808 So. 24th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME ALICE 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 Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 26, 1868 years
7. Birth date of deceased November 26, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 78 2 19 _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Anthony Prater

13. Birthplace Bowling Green, Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Jane Childers

15. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Forrest Evans (Dau.)

(b) Address St. Joseph, Missouri

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

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John C. [Signature]
(b) Address 6054 Pryor Ave. City

19. (a) 2-21-47 (b) C. E. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2808 So. 24th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,
year 1947 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Feb 15, 1947
that I last saw her alive on Jan 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions artery sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
83A

Of autopsy _____

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 0

23. Signature Allen [Signature] (M. D. Assistant)
Address Wagon Wheel Rd Date signed Feb 18, 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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.....

Roland W. Clark....., Registered Apprentice No. 503
working under my personal supervision.

Signed John C. Rupp
Licensed Embalmer No. 7986
P. O. Address St. Joseph, 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.