

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4142

FILED FEB 20 1947

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5142

Registrar's No. 62

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

1. PLACE OF DEATH

(a) County Butler

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

(c) Name of hospital or institution 9 miles NE of Neelyville  
(If not in hospital or institution, write street number or location)

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

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Butler

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

(d) Street No. 9 mi NE of Neelyville  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jack Roberson

3. (b) If veteran, name no. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30  
year 1947 hour 12 minute 57 M.

21. I hereby certify that I attended the deceased from Jan 29  
1947 to Jan 30 1947  
that I last saw him alive on Jan 29 1947  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Name of husband or wife Blanche Roberson 6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr 30 1880  
(Month) (Day) (Year)

Immediate cause of death Inflammation of the bladder

Duration \_\_\_\_\_

8. AGE: Years 66 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Barton Co. Kan!  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name J. Roberson

13. Birthplace Mo Kan!  
(City, town, or county) (State or foreign country)

14. Maiden name und known

15. Birthplace Mo Kan!  
(City, town, or county) (State or foreign country)

Major findings: Of operations 727A

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Jack Roberson Jr.

(b) Address Naylor, Mo

17. (a) Burial (b) Date thereof 2-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo

18. (a) Signature of funeral director [Signature]

(b) Address Naylor, Mo

19. (a) 2-9-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 [Symbol]

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Neelyville, Mo Date signed Jan 4 47

RECEIVED  
District Health Office No. 2,  
District File Number 247-234  
Date Filed 2-14-47

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**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

*Bryan Mc Cord*

Licensed Embalmer No. 479

P. O. Address Naylor, 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.**