

FILED JUN 13 1947

Registration District No. 413

Primary Registration District No. 5135

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Quilin Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1 Ash H. 11 Twy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Quilin Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Wm H. Roberson

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 19, 1946 to May 23, 1947
that I last saw him alive on Apr. 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Neuropathic
Due to 1 yr.
Due to

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elcie Roberson 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct - 26 - 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Chas. Roberson
13. Birthplace unknown
14. Maiden name Kathryn Shearer
15. Birthplace unknown

16. (a) Informant Elcie Roberson

(b) Address Quilin Mo Rural

17. (a) Burial (b) Date thereof 5-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin Cemetery

18. (a) Signature of funeral director Lambert J. Home

(b) Address Comp. 100 Mo

19. (a) 6/3/47 (b) W H Murel
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 151A
Of operations
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
Signature J. R. Danville (M. D. or other)
Address Quilin Mo Date signed 6/2/47

RECEIVED

District Health Office No. 2

District File Number 647-827

Date Filed 8-10-47

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 *Christina M. Landers*.....

Licensed Embalmer No. 4227.....

P. O. Address *Campbell, 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.