

S. No. 2  
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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 19 1947**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **19971**

Registration District No. **374**

Primary Registration District No. **4848**

Registrar's No. **34**

**1. PLACE OF DEATH:**  
 (a) County North  
 (b) City or town North Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County North  
 (c) City or town North Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Franklin Roberts  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month April day 29  
 year 1947 hour 2 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Celia Alice Roberts 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Dec 18 - 1878  
(Month) (Day) (Year)

Immediate cause of death Compound fracture received in North, MO, tonight  
 Due to \_\_\_\_\_ 3 min  
 Due to \_\_\_\_\_  
 Other conditions 1947  
(Include pregnancy within 3 months of death)

**8. AGE:** Years 68 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Madison County  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings: Of operations 1947  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Albert C. Roberts  
 13. Birthplace Andrew County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Isabelle Hubbell  
 15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Celia Roberts  
 (b) Address North Missouri  
 17. (a) Burial (b) Date thereof May 3 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Grant City Cemetery  
 18. (a) Signature of funeral director John Andrew  
 (b) Address Grant City Missouri  
 19. (a) May 6 1947 (b) Letta C. Duvon  
(Date received local registrar) (Registrar's signature) 245

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) 113  
 (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 2  
 23. Signature Arch C. Duffer (M.D. or other) Com  
 Address Grant City, Mo. Date signed 5-3-47

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

AUG 12 1922

**DISTRICT HEALTH OFFICE**  
**Camden, 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.....

*John Andrews Jr.*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*John Andrews Jr.*  
Licensed Embalmer No..... *4210*

P. O. Address..... *Grant City 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.**