S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1947

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 23756

Registrar's No. 116

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
ALEX VAN RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HOURS (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. 900 E. HIGH 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILBUR L. ROBERTS

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEBRUARY 28 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	23	hr. min.

9. Birthplace GREEN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business CARPENTERING

FATHER
12. Name STEVE ROBERTS
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY STRITES
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS ELNORA WOLFE
(b) Address PRAGUE, OKLAHOMA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation SULPHUR SPRINGS CEM.

18. (c) Signature of funeral director STEGNER
(b) Address BOONVILLE, MO.

19. (a) 7-26-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1947 hour 9:30 minute p M.

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

Immediate cause of death Cardiac decompensation — Duration ?

Due to Mitrestenosis.

Due to

Other conditions Lungedema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

95

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

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

Address Boonville Mo Date signed 7-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-47

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 HARRY E. MONROE, Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, 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.