

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31940**

FILED OCT 3, 1947

Registration District No. **243**

Primary Registration District No. **5836**

Registrar's No. **89**

1. PLACE OF DEATH:
 (a) County **Newton**
 (b) City or town **Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rt. # 5 Neosho, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **All life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Newton** **73**
 (c) City or town **Rural** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rt. # 5 Neosho,** **6**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **R. O. Roberts**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **22**
 year **1947** hour **11** minute **45** **A.M.**
21. I hereby certify that I attended the deceased from: **August 12**
1947 to **September 22, 1947.**
22. I last saw him alive on: **September 20, 1947.**
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Sopha Roberts**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **July 4, 1867**
 (Month) (Day) (Year)

Immediate cause of death **Angina pectoris** **Duration** _____

8. AGE: Years **80** Months **2** Days **18**
 If less than one day _____ hr. _____ min.

Due to **Unknown**
 Due to _____
 Other conditions **Hemorrhage in the bladder**
 (Include pregnancy within 3 months of death)

9. Birthplace: **Boling Green, Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation: **Farmer**

Major findings: **Bladder full of blood.**
Of operations: **Suprapubic drain.**
Of autopsy: **None**
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: _____
12. Name: **Unknown**
13. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name: **Unknown**
15. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Troy Roberts**
(b) Address: **Rt. # 5 Neosho,**
17. (a) Burial **(b) Date thereof:** **9-24-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation: **I.O.O.F. Cemetery Neosho**
18. (a) Signature of funeral director: **Bigham Mortuary**
(b) Address: **200 E. Spring St. Neosho, Mo.**
19. (a) Sept 26, 1947 **(b) Melvin C. Bowman**
 (Date received local registrar) (Registrar's signature)

23. Signature: **Melvin C. Bowman** **M.D.**
Address: **113 W. Hickory, Neosho, Mo.** **Date signed:** **9-26-47**
 (Specify type of place) (e) Means of injury

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

DJW man

RECEIVED

District Health Officer No. Newton
District File Number 1047-196
Date Filed 10-2-47

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 H. J. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.