

S. No. 2
1-12-45
5-17-39
I. X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32166

FILED OCT 7 9 1947

Registration District No. 291847

Primary Registration District No. 3054

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: Sparks Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)
In this community ANDREW BERL ROBERTS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Randolph
(c) City or town Moberly
(d) Street No. Sparks Ave
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ANDREW BERL ROBERTS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M Color or race W

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

6. (b) Name of husband or wife Effie Roberts

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 6 (Month) 7 (Day) 1897 (Year)

8. AGE: 69 Years 11 Months 19 Days If less than one day hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business _____

12. Name Andrew Jackson Roberts

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Georgia N. Slaughter

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

16. (a) Informant Mrs Effie Roberts

(b) Address Burial

(c) Place: burial or cremation Moberly Mo

(d) Signature of funeral director Robert General Director

(e) Address Clarendon Mo

(f) Date received local registrar Oct 4-47 (g) Registrar's signature [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26 year 1947 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-7-47 to 5-26-47 that I last saw him alive on 5-26-47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
Of autopsy _____

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? _____
(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 21

23. Signature E. T. Whitaker (M. D. or other) Do
Address Moberly, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER
10-10-47

OCT 10 1947

OCT 9 1947

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..... *Clarence E. Hays*.....

Licensed Embalmer No. *9261*.....

P. O. Address..... *Clarence Hays*.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Randolph } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 5th day of September, 1947, before me appears Effie Anna Roberts

, who, upon her oath, states that the original record of ^{birth} death for Andrew Berl Roberts, died May 26, 1947 in the State of Missouri, and which was filed at Moberly, Missouri on born, 19....., should be corrected as follows:

Item No. 3 a should read Andrew Berl Roberts

Instead of Andrew B. Roberts

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Effie Roberts widow
Relationship.

1618 Wheeler St., Moberly, Mo.

Present Address.

Subscribed and sworn to before me this 5th day of September, 1947

My Commission expires January 18, 1949

Ruth Ferris Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1964 OCT 10

S-22/14