. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32950

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9524

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

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

(d) Street No. N-R 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Lucy Roberson

3. (b) If veteran, name war None

3. (c). Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 5

6. (b) Name of husband or wife William Roberson

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

7. Birth date of deceased February (Month) 17 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Duvalls Bluff (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name T. Jefferson Horner 1

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

14. Maiden name Mary Jane (Mollie) Forsythe

15. Birthplace Orange County North Carolina (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Frank Mitchell

(b) Address 1260 Madison, Memphis, Tenn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/47 (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Missouri.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 8 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 15, 1947, to August 29, 1947 that I last saw her alive on August 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Myocarditis	3 mo
Due to Chronic Hypertension	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

PHYSICIAN

Underline the cause of 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 P. S. Hensel (M. D. ~~or other~~)

Address 462 No Taylor Date signed 9/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John L. Kennedy

Licensed Embalmer No. 4194

P. O. Address.....

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.