

No. 2
12-45
-17-39
X47070

FILED OCT 7 1947
Registration District No. **337**

Primary Registration District No. **4499**

Registrar's No. **95**

1. PLACE OF DEATH:
(a) County **Shelby county**
(b) City or town **Shelbina, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
in this community **Entire life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Roberson**
3. (b) If veteran, name war **X** **3. (c) Social Security** No. **X**

4. Sex **Male** **5. Color or race** **Negro** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **Deceased** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **March 4th 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	19	hr. _____ min.

9. Birthplace **Shelbina Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **John Roberson**
13. Birthplace **Not known** **9**
(City or town or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Not known** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geraldine Webster**
(b) Address **Shelbina, Mo**

17. (a) Burial **9-26-1947**
(Burial, cremation, or other) (Date thereof)
(b) Place: burial or cremation **Million & Backson**

18. (a) Signature of funeral director **Shelbina, Mo.**
(b) Address **Million & Backson**
19. (a) Date received local registrar **9-20-47** **(b) Registrar's signature** **Rich Jones**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Shelby** **102**
(c) City or town **Shelbina** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23rd**
year **1947** hour **10** minute **30** A.M.
21. I hereby certify that I attended the deceased from **June 12**
1947 to **Sept 23** **1947**
that I last saw him alive on **Sept 23** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Due to _____
Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **g37**
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? _____ (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 **J.R. Simpson** (M. D. or other) **100**
Address **Shelbina Mo** Date signed **9-30-47**

Duration **16 hours**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

OCT 16 1947

RECEIVED
District Health Officer No. 1
District File Number 12-47-13
Date Filed OCT - 6 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.....

James D Davis....., Registered Apprentice No. *443*
working under my personal supervision.

Signed *W Hawkins*.....

Licensed Embalmer No. *3498*

P. O. Address *Shelton 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.