S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39316

FILED NOV 24 1947

Registration District No. 801

Primary Registration District No. 4450

Registrar's No. 2254

1. PLACE OF DEATH:

(a) County: Ripley

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

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

(d) Length of stay: In hospital or institution: 32 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Randolph

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

(d) Street No. Poynor, Mo. Rt #1 (If rural, give location)

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

If yes, name country: 2

3. (a) PRINT FULL NAME: Minnie Elsie Roberts

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: T. M. Roberts

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: August (Month) 28 (Day) 1887 (Year)

8. AGE: Years 59 Months 11 Days 27 If less than one day: hr. min.

9. Birthplace: Clay Co. (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER, FATHER

12. Name: James R. Woodall

13. Birthplace: Clay Co. (City, town, or county) Ark (State or foreign country)

14. Maiden name: Catherine Wright

15. Birthplace: Bonneville (City, town, or county) Ark (State or foreign country)

16. (a) Informant: T. M. Roberts

(b) Address: Poynor, Mo. Rt 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Glade Creek

18. (a) Signature of funeral director: W. E. McNabb

(b) Address: Pocahontas Arkansas

19. (a) 10-21-47 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1947 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from August 3, 1947, to August 25, 1947, that I last saw her alive on 8-25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of liver — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): None

Major findings: Of operation: Large soft mass on under surface of liver

Of autopsy:

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: 0

23. Signature: J. E. Williams (M. D. or other)

Address: Doniphan Mo Date signed: 9-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District ... fficer No. 5,
District ... 114 7669
Date Filed 11-22-47

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.....

Licensed Embalmer No.....

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.