FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40970

FILED DEC 22 1947

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1474

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

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 min. (Specify whether In this community 45 Min. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

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

(d) Street No.: 2227 Oak St. (If rural, give location)

(e) Citizen of foreign country? no New born (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: (Infant Boy) Caryle Wayne Roberts

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 11 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hr. 45 min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER

12. Name: Caryl W. Roberts

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

MOTHER

14. Maiden name: Virginia Louise Roark

15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Merton Roark

(b) Address: 2227 Oak St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 13, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasent Ridge Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-17-47 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 292

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1947 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from 1:40 P.M. 11 Dec. 1947 to 2:25 P.M. 11 Dec. 1947 that I last saw him alive on 11 Dec. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: asphyxia neonatorum	45 min
Due to: (1) Footling Breech	"
(2) Large Baby (8 lbs 5 oz)	"
Due to: (3) Difficult & Prolonged Second Stage Labor	"
Other conditions (Include pregnancy within 3 months of death)	

161 A

Major findings: Of operations: as above

Of autopsy: 12 Dec. 47 as above (no birth injuries or congenital anomalies present)

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: Thompson C. Potter (M. D. or other) MD

Address: 731 Faraon St. St. Joseph, Mo. Date signed: 12 Dec. 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 not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.