

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JAN 22 1948

Registration District No. **187**

Primary Registration District No. **5422**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett - Rural - Independent
(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
(Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 3.5

(c) City or town Kennett - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi. West of Kennett - on
(If rural, give location) Hiway 87

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

If yes, name country _____

3. (a) PRINT FULL NAME John Elmer Roberson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Delia A. Roberson

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

7. Birth date of deceased June 10 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1948 hour 8:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1947, 19____, to 1948, 19____;

that I last saw him alive on 1-7, 1948;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death myocardial insufficiency Duration 24 hr

Due to Hypertension

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

Due to _____

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

10. Usual occupation farmer

Major findings: _____

Of operations _____

11. Industry or business farm

Of autopsy _____

12. Name Pete Roberson

PHYSICIAN 93

Underline the cause to which death should be charged statistically.

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

14. Maiden name Florence Walle

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

16. (a) Informant Mrs. Louis Reggs

(b) Address Kennett - mo -

17. (a) Burial (b) Date thereof 1-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Charles L. ...

(b) Address Kennett, Mo -

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 1-12-1948 (b) Charles L. ...
(Date received local registrar) (Registrar's signature)

23. Signature George O. ... (M. D. or other) M.D.

Address Kennett Mo Date signed 1/9/48

RECEIVED

District Health Office No. 2,

District File Number 148-120

Date Filed 1-19-48

12667-000

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 Balmer

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.