No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4057
State File No.

FILED MAR 1 1948 2
Registration District No.

Primary Registration District No. 1000

Registrar's No. 221

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 Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St Joseph Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5202½ King Hill Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NEOMA ROBERTS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife William Delaney Roberts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 1 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 48	5	17	hr. min.

9. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Mitchell
13. Birthplace unknown (City, town, or county) Virginia (State or foreign country)
14. Maiden name Henrietta Albertson
15. Birthplace Agency (City, town, or county) Mo (State or foreign country)
16. (a) Informant Theodore Roberts
(b) Address 310 Arizona St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Frazier Cem
18. (a) Signature of funeral director H. G. Sullins
(b) Address Gower Mo
19. (a) 2-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 287

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 18 year 1948 hour 5:00 minute 30 P. M.
21. I hereby certify that I attended the deceased from FEB 16, 1948 to FEB 18, 1948 that I last saw h. alive on FEB 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY EDEMA	3 Days
Due to Carcinoma of Lungs	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other) M.D.
Address 420 N. 8th St Date signed 2-18-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

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 H. A. Sullins

Licensed Embalmer No. 1788

P. O. Address Garner 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.