No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9538

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Catron, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County NewtMadrid 72
(c) City or town Catron, Missouri. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME JAMES E. ROBERTS
3. (b) If veteran, name war .....
3. (c) Social Security No. 2
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 2 (Month) 15 (Day) 1865 (Year)

8. AGE: Years 82 Months 11 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Adrin Co., (City, town, or county) Illonois (State or foreign country) 1
10. Usual occupation Farner
11. Industry or business .....
FATHER
12. Name Unknown 9
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Joe Roberts
(b) Address Catron, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Essex, Missouri.
18. (a) Signature of funeral director .....
(b) Address Sikeston, Missouri.
19. (a) 3-1-48 (Date received local registrar) (b) Dr Geo W Husted (Registrar's signature) 2/19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1948 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from 3-25, 1947, to 2-12-48, 19....; that I last saw ~~him~~ alive on 2-9-48, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial Degeneration	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3 8	
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 2
23. Signature H H Gilbert (M. D. or other) 120
Address Parma Mo Date signed 2/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 3-48-323
Date Filed 3-8-48

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 James M. Scott

Licensed Embalmer No. 4053

P. O. Address East Quincy, 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.