S. No. 2
M—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16976

Registration District No. 209 Primary Registration District No. 5762 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Durham (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 45 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME David Eligah Roberts
3. (b) If veteran, name war =
3. (c) Social Security No. =
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Poca
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug 25 1876 (Month) (Day) (Year)
8. AGE: Years 71 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Lewis C. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Roberts
13. Birthplace (City, town, or county) (State or foreign country) 4
14. Maiden name Martha Brown
15. Birthplace (City, town, or county) (State or foreign country) 4
16. (a) Informant Poca Roberts
(b) Address Durham, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Emerson
18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo
19. (a) 5/24/48 (Date received local registrar) (b) Viola Geeb (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from APRIL 30, 1948, to MAY 5, 1948 and that death occurred on the date and hour stated above.
that I last saw him alive on MAY 4, 1948;

Immediate cause of death	Duration
CHRONIC MYOCARDITIS	
Due to PYORRHEA ALVEOLARIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 W L Elley M.D. (M. D. or other)
Address La Grange Mo Date signed 5/7/48

(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 embalmed by me, or by .....

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

working under my personal supervision.

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing. 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.