FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

22329
State File No.

Registration District No. 43
Primary Registration District No. 3007
Registrar's No. 234

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Puxico Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Steven Roberts,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1948 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name John Roberts
13. Birthplace Puxico Mo, 0 (City, town, or county) (State or foreign country)
14. Maiden name Iris Siler,
15. Birthplace Puxico (City, town, or county) Missouri, 0 (State or foreign country)

16. (a) Informant John Roberts
(b) Address Puxico Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 10 48 (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Missouri
18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,
19. (a) 7-17-48 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from July 9, 19 48 to 0, 19 ; that I last saw him alive on July 9, 19 48 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Prematurity
Due to Placenta Previa
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 5 0
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 0
23. Signature [illegible] (M. D. or other)
Address Poplar Bluff, Mo. Date signed 7-12-48

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

RECEIVED
District Health Office No.
District File Number 248-91
Date Filed 7-27-4

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 Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.