FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948
Registration District No. 167

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23410
Primary Registration District No. 5609
Registrar's No. 21

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural, Rose Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latour R.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Latour 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ELIZAH ROY ROBERTS
3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex male D
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thelma Irene Roberts
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan 4, 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	0	hr. min.

9. Birthplace Grain Valley (City, town, or county) Missouri 10 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business same
FATHER
12. Name Wm. Albert Roberts
13. Birthplace Dodge County, Wisconsin 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Eliz. Wyatt
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Thelma Irene Roberts
(b) Address Latour, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ormsby Cemetery
18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.
19. (a) July 12, 1948 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature) 450

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4
year 1948 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from Feb. 6, 1947 19 to 4th July 1948
that I last saw him alive on 4th July 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage
Due to Carcinoma of Stomach
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Edward S Jones (M.D. or other)
Address Harrisonville, MO Date signed 7-9-48

Jefferson City Printing Co.
(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 Samuel B. Rop

Licensed Embalmer No. 4044

P. O. Address Holden, Ma

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.