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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 28 1948

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Louisiana
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. #1
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Delila Delora Roberts

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bliss Russell Roberts 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September 26, 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 25 If less than one day hr. _____ min.

9. Birthplace Yarrow Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John P. Hall

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Holcraft
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Pollard
(b) Address San Pablo, California

17. (a) Burial (b) Date thereof Aug. 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri

19. (a) 8-23-48 (b) Barnes Collier
(Date received local registrar) (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1948 hour 1 minute 05 AM

21. I hereby certify that I attended the deceased from 4-10-48
1948 to 8-21-48, 1948
that I last saw her alive on 8-20-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA, METASTATIC TO LUNGS

Due to _____

Due to _____

Other conditions 475
(Include pregnancy within 3 months of death)

Major findings: BREAST OP. 5 YRS.
Of operations AGG - MALIGNANCY REMOVED
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature 2 R Johnson Jr M.D. or other MD
Address LOUISIANA, MO. Date signed 8-23-48

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

NOV 18 1948

RECEIVED

District Health Officer No.

District File No. 8-48-1

Date Filed AUG 26 1948

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

Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, La.

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

If this body is not embalmed, above space should be left blank.