FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27354

Registration District No. 244 Primary Registration District No. 3a 56 Registrar's No. 215

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL") 88
(d) Street No. 1416 Hurley (If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No) 3
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT ROSCOE JUSTUS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Justus
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March (Month) - 29 (Day) - 1887 (Year)

8. AGE: Years 61 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Samuel Arthur Justus
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Matildia Elizabeth Baker
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jessie W. Justus
(b) Address R.F.D. #3 Perry Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Aug 15-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1948 hour 11 minute 57 P.M.
21. I hereby certify that I attended the deceased from Aug 1, 1948, to Aug 12, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute parenchymatous nephritis	12 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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
23. Signature W. H. McCormick D.O. (M. D. or other)
Address 300½ Reed St. Moberly Mo. Date signed 8-13-48

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

WRITE PLAINLY—USING UNFADING

RECEIVED
District Health Officer No. 6
District File Number 8-48-14
Date Filed AUG 16 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.