

No. 300
-10-47
5-17-39
-I 3908

FILED DEC 2 1948

State File No. _____

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
In this community 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Roy Wilson Roberts

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 Widowed

6. (b) Name of husband or wife Ora Lee Barkeley

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Insurance Salesman

11. Industry or business _____

12. Name William H. Roberts

13. Birthplace Lewistown, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah D. Ellis

15. Birthplace Lewistown, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orville Hawkins

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 11/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 11-20-1948 (b) Dorothy Jean Bohin
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Fayette
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1948 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 1941
_____ 19____ to Nov 7 1948
that I last saw him alive on Nov 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to Cardio-Renal-vascular dis.

Due to _____

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

Major findings: 1-3/B

Of operations _____

Of autopsy _____

Duration 2 yrs.

Duration 2 yrs.

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 Dr. J. Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 11-13-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48.....

JAN 27 1949

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayto 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.