

S. No. 2
M-5-43
5-17-39
I X36671

FILED DEC 2 1948

Registration District No. 278

Primary Registration District No. 5954

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

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. NEAR SUGAR CREEK CHURCH
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY TODD ROBERTS

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward O. Roberts

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

7. Birth date of deceased Oct. 13 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 18

If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER { 12. Name Alonzo Todd

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

14. Maiden name Margaret McGown

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

16. (a) Informant Mrs. Lloyd Love

(b) Address RFD Frankford, Missouri

17. (a) Burial (b) Date thereof 11/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Gamer & Stone

(b) Address Louisiana, Missouri

19. (a) 11/23/48 (b) Bernice Collier
(Date received local registrar) (Registrar's signature) 374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/17 to Nov. 21, 1948
that I last saw her alive on Nov. 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration _____

Due to Caravan for 2 years

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature E. P. Hayden (M. D. or other) DO

Address Frankford, Mo. Date signed 11/23/48

RECEIVED

District Health Officer No. 10

District File Number 11-48-2062

Date Filed DEC 1 - 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.....

..... Virginia M. Stone, Registered Apprentice No. 289
working under my personal supervision.

Signed..... Harold T. Garner

Licensed Embalmer No. 3710

P. O. Address Louisiana, 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.