

10-300
17-39
I 3906

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Residence 1501 Page
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1501 Page
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Carl Alta Roberts

3. (b) If veteran, name war _____

3. (c) Social Security No. 490 07 6959

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 28, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from on
12-26-48 only to 19;
that I last saw him alive on December 26, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis and cerebral hemorrhage

Duration Instant death

Due to Hypertension

8. AGE: Years Months Days If less than one day

<u>57</u>	<u>8</u>	<u>28</u>	hr. min.
-----------	----------	-----------	----------

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

10. Usual occupation Blacksmith

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

Due to _____

11. Industry or business Universal Atlas Cement

12. Name William Roberts

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

14. Maiden name Laura Truitt

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C. A. Roberts

(b) Address 1501 Page Hannibal Missouri

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director J. Bradford Smith

(b) Address 902 Broadway Hannibal

19. (a) Dec 29 48 (b) J. E. M. Luke
(Date received local registrar) (Registrar's signature)

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) _____ (Means of injury)

23. Signature J. B. Sutton (M. D. or other) M. D.

Address 500 Broadway, Hannibal Date signed 12/29/48

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

MOTHER, FATHER

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

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address. Hannibal Missouri

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.