

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13424

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>PuTnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PuTnam</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>"RURAL" YORK TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR "RURAL" <u>"RURAL" YORK TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>LIFE TIME</u>		d. STREET ADDRESS (If rural, give location) <u>Unionville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>GEORGE</u>		b. (Middle)		c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-19-1949</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 23, 1881</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	11. UNDER 18 MRS. Hours <u>24</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>PuTnam County Mo. U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ARTHUR ROBERTS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA CHINN</u>	14. NAME OF HUSBAND OR WIFE <u>ODESSA ROBERTS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS ODESSA ROBERTS</u>	ADDRESS <u>Unionville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular nephritis</u> DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1945 to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. W. McDonald, D.O.</u>	23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>4-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-28-49</u>	REGISTRAR'S SIGNATURE <u>Marvell J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Constock Funeral Home</u>	ADDRESS <u>Unionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8600

MAY 18 1940

RECEIVED
District Health Officer No
District File Number 5-49.8
Date Filed MAY 18 1940

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed John N. Comstock

Signed _____
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Thioville, 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.