

FILED JUL 11 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 110

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Jasper</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY<br><u>Jasper</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><u>Rural (Sarcoxie Twp)</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><u>Rural (Sarcoxie Twp)</u>                                   |   |
| c. LENGTH OF STAY (in this place)<br><u>1</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>Sarcoxie, Missouri</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Home</u>   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><u>Mrs. Ruth R. Robert</u><br>b. (Middle)<br><u></u><br>c. (Last)<br><u></u>   |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6 11 '49</u>                                   |
| 5. SEX<br><u>Fe.</u>   | 6. COLOR OR RACE<br><u>White</u>            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>9-21-1917</u>  |
| 9. AGE (In years last birthday)<br><u>31</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Hwife</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>Kansas City, Missouri</u>                     |
| 10a. USUAL OCCUPATION  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><u></u>   |
| 13a. FATHER'S NAME<br><u>Wm. Lanfham</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Langham</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Earn Roberts (Husb)</u>                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.<br><u></u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Earn L. Roberts</u><br>ADDRESS<br><u>Sarcoxie Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Less than one day.</u>                                 |
| 19. MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound upper abdomen</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>with dissolution of entire left lobe of liver, upper</u><br>DUE TO (c) <u>half of spleen, and left gastric artery.</u><br><br>11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>           |
| 19a. DATE OF OPERATION<br><u></u>  |   | 19b. MAJOR FINDINGS OF OPERATION<br><u></u>   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u></u>  |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u>   | 21c. (CITY, TOWN, OR TOWNSHIP)<br><u>Sarcoxie Township Jasper Mo.</u>                         |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>6-11-1949 7 A</u>  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?<br><u></u>  |   |   |   |
| 22. I hereby certify that I attended the deceased from <u>Did not attend same</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>    </u> , 19 <u>    </u> , and that death occurred at <u>    </u> m., from the causes and on the date stated above.   |   |   |   |
| 23a. SIGNATURE<br><u>[Signature]</u><br>(Degree or title)  |   | 23b. ADDRESS<br><u>Joplin Missouri</u>  | 23c. DATE SIGNED<br><u>6-11-49</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 24b. DATE<br><u>6-13-49</u>                 | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Harvey Cemetery</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>Sarcoxie Missouri</u>                     |
| DATE REC'D BY LOCAL REG.<br><u>6-27-49</u>   | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE<br><u>Jackson &amp; Sons</u><br>ADDRESS<br><u>Sarcoxie, Mo.</u>  |   |

Pay h. f. v. (If needed, see Registrar's Statement on Reverse Side)

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

RECEIVED 7-5-49  
Jasper County Health Office

County File Number 49-6-506

Date Filed 7-9-49

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.

Student .....

Student Embalmer

Signed

*Wm K. Jackson*

Licensed Embalmer No.

*3954*

P. O. Address

*Sarephi, 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.