

FILED JUL 7 1950

State File No. \_\_\_\_\_

Registration District No. 257Primary Registration District No. 5881Registrar's No. 24

## 1. PLACE OF DEATH:

(a) County Osage  
 (b) City or town Rural Jefferson Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community nearly all life  
 years, months or days)

3. (a) PRINT FULL NAME Mary Jane Roberts3. (b) If veteran, name war none 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Andrew J. Roberts 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Nov. 3, 1902  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
47 7 18 hr. min.9. Birthplace Maries County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business Home12. Name Andrew Groff

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

14. Maiden name Pollie Mitchell

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Roberts(b) Address Belle, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/50  
(Month) (Day) (Year)(c) Place: burial or cremation Liberty Cemetery18. (a) Signature of funeral director Dyde Morton(b) Address Linn, Mo.19. (a) June 23/50 (Date received local registrar) (b) P. S. B. number 238 (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Belle Mo. R.F.D.  
 (If rural, give location)  
 (e) Citizen of foreign country? no 07/60 (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1950 hour 12 minute 30 A.M.21. I hereby certify that I attended the deceased from Feb. 1  
19 50 to Feb 21 1950  
that I last saw her alive on Feb. 19 19 50  
and that death occurred on the date and hour stated above.Immediate cause of death carcinoma of breast  
Due to \_\_\_\_\_Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Dr. Bunge MDMajor findings: Of operations \_\_\_\_\_  
Of autopsy no22. 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) (6) Means of injury \_\_\_\_\_  
23. Signature Dr. Bunge (M. D. or other)  
Address Belle Mo Date signed 6/24/50

RECEIVED JUN 26 1958  
District Health Officer No. 9,  
District File Number

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 Vernon M. Norton  
Licensed Embalmer No. 4125  
P. O. Address Linn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.