

No. 2-542
7-19
X-2873

FILED AUG 7 1943 30

State File No.

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Fristoe (Rural Fristoe)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Fristoe (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Elizabeth Roberts

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. D. Roberts
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 27 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 11 24 hr. min.

9. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Jonathan Bradley
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Seagr
15. Birthplace Benton Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Roberts
(b) Address Fristoe, MO

17. (a) Burial (b) Date thereof 7-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mossy

18. (a) Signature of funeral director W. D. Roberts
(b) Address W. D. Roberts

19. (a) 7/21/43 (b) Joe A. Logan
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 16 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 8 to July 21
that I last saw her alive on July 10
and that death occurred on the date and hour stated above.

Immediate cause of death Leuremia Duration 14 3/4
Senility 1943

Due to Senility

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)
(e) Means of injury?

23. Signature W. D. Roberts (M. D. or other)
Address Wassaw Mo Date signed 7/26/43

RECEIVED

District Health Officer No. 7,

District File Number 7-43-722

Date Filed 8-4-43

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

Chas. Albert Kethaw

Licensed Embalmer No. 4267

P. O. Address Wheatland, W. Va.

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. AUG 21
Registrar's No. 22

Registration District No. 30 Primary Registration District No. 5102

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution:
(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)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Roberts

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 27 1943
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 2 If less than one day

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Year 1943 Day 27 Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death urama Duration

Due to senility (Chronic)

Due to _____

Other conditions 1318
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE NEATNESS—DO NOT LEAVE BLANK SPACES—DO NOT ERASE—DO NOT WRITE INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

5-24-77

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