

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25653

JUG 25 1941

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Monteana  
(b) City or town California  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

unname child of Roberta Foxworthy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male ☒ race W ☒ 5. Color or W ☒ 6. (a) Single, widowed, married, divorced  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive years 24  
7. Birth date of deceased July (Month) 24 (Day) 1941 (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Dorant Paydos  
13. Birthplace Monteana Co. (City, town, or county) Mo (State or foreign country)  
14. Maiden name Roberta Foxworthy  
15. Birthplace Monteana Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Roberta Foxworthy  
(b) Address California, Mo.

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 7-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director W. Wilson + son  
(b) Address California, Mo.

19. (a) 7-26-41 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteana  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24  
year 41 hour 11 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature stillbirth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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? Yes (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature H.R. Popejoy (M. D. or other) 0  
Address California Mo Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.

*This body was  
not embalmed*

Signed.....

*J. W. Wilson*

Licensed Embalmer No. *277*

P. O. Address *California, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California  
(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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Unname Child of Roberta Foxworthy

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security \_\_\_\_\_ No \_\_\_\_\_

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased July 24 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
(If less than one day, \_\_\_\_\_ hr. \_\_\_\_\_ min.)

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Grant Packer

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

14. Maiden name Coburn

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

16. (a) Informant Roberta Foxworthy

(b) Address California, Mo

17. (a) Burial (b) Date thereof 7-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau  
(c) City or town California  
(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 \_\_\_\_\_

3. MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 24  
year \_\_\_\_\_ hour 11:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-24-44  
19 \_\_\_\_\_ to 7-24-44 19 \_\_\_\_\_  
that I was seen alive on 7-24-44 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Signature Stillbirth  
Baby's head bent about \_\_\_\_\_  
Due to off hour. See visible  
signs of breathing.

Due to \_\_\_\_\_  
N. M. Q.

Other conditions \_\_\_\_\_  
(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 J. W. Wilson (M. D. or other) \_\_\_\_\_

Address 7-26-44 Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signature 22-44

H. C. HUME, A. B. M. D.

PHYSICIAN AND SURGEON

TIPTON, MO.

This partner, Roberta Foxworthy is regarded as a  
prostitute. I believe this was a case of <sup>summit</sup> abortion  
at this the woman said that as far as I was to  
know, it was simply a miscarriage due  
to overwork. H. M. D.

H. C. Hume M.D.