

U. S. No. 2  
DOM-5-43  
REV. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10805**  
Registrar's No. **40**

**FILED APR 6 1944**

Registration District No. **898**

Primary Registration District No. **3017**

27  
1  
2

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

1. PLACE OF DEATH:

(a) County **Cooper**

(b) City or town **Boonville, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Alex Van Ravensway Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2x 3 Weeks**  
(Specify whether)

In this community **Three weeks**  
years, months or days

3. (a) PRINT FULL NAME **Rosie Beatriz Roberts**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Merce Roberts** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **April, 13th, 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>49</b>	<b>10</b>	<b>21</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER

12. Name **Fred Douglass Shipley**

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

14. Maiden name **Mary Frances Howard**

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

16. (a) Informant **G.L.R. Shipley**  
(b) Address **Tipton, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3-4-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Tipton Mo.**

18. (a) Signature of funeral director **Jessie E. Pugh**  
(b) Address **Tipton Mo.**

19. (a) **Mar-4-44** (Data received local registrar) (b) **Dr Chas. Swap** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

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

(d) Street No. **No street numbers**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**  
year **1944** hour **4:00** minute **20** M.

21. I hereby certify that I attended the deceased from **Feb-15**, 19**44**, to **March 4**, 19**44**;  
that I last saw her alive on **March 3**, 19**44**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** **10 days**

Due to **Nephritis chronic**

Due to **12/2 Nephritis**

Other conditions **Large fibroids of uterus**

Major findings: **Removal of large fibroids**

Of autopsy **none**

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?

23. Signature **Alex Van Ravensway** (M. D. or other)  
Address **Boonville Mo** Date signed **3-4-44**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-44

**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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Jemelle E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton, 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.