

FILED OCT 14 1941
318

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. **741**

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
938 N. Douglas
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
 (c) City or town **Springfield** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **938 N. Douglas** **6**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Edgar L. Roberson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Dec** years
 7. Birth date of deceased **July 5 1862**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **2** **5** hr. min.

9. Birthplace **Union** **0** **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Frisco Brakeman**

12. Name **Mose Roberson**

13. Birthplace **Unknown** **9** **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9** **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **E. Sewell Barry**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 12 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **9-12-41** (b) **W. E. Handley**
 (Date received local registrar) (Registrar's signature)

Address **227 E. Oliver St.** Date signed **9/11/41**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10**
 year **1941** hour **3** minute **2** M.

21. I hereby certify that I attended the deceased from **938 North Douglas** 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 **Suicide by Bullet through the head with revolver. 32 caliber** Duration _____

Due to **Suicide**

Due to _____

Other conditions **Severity 1040**
 (Include pregnancy within 3 months of death)

Major findings: **No doctor on the case.** PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Sept. 19 - 1941**

(c) Where did injury occur? **Springfield, Greene, Mo.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or in industrial place, in public place?
Home 133

While at work **no** (Specify type of place) (a) Means of injury **T 3**

23. Signature **H. E. Becking, Acting Registrar** (M. D. or other) _____

Address **227 E. Oliver St.** Date signed **9/11/41**

984 (Licensed Embalmer's Statement on Reverse Side)

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

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..... *L. Doolin Roman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

+