

Registration District No. 218

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREEN
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 days
(Specify whether
In this community 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KENNETH L. ROBERTS

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased November 27, 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 11 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Lee Roy Roberts
13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dora Mae (Unknown)
15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant W.D. A.G.O. Forms #20 and #24
(b) Address _____

17. (a) Removal (b) Date thereof Nov. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) 10-31-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1942 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 6, 1942 to October 30, 1942
that I last saw him alive on October 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hernia, cerebri, parietal region, left
Duration 20 hrs.

Due to Brain, tumor of, left cerebral (Glioblastoma multiforme) ?

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ventriculography and osteoplastic flap--biopsy findings: Glioblastoma multiforme. Confirmation of clinical diagnoses.
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?

23. Signature [Signature] (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address O'Reilly General Hospital Date signed 10-31-42

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 Raymond Hickell

Licensed Embalmer No. 3444

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.

X