

WED JUL 24 1943

Primary Registration District No. 2000

Registrar's No. 537

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Just few minutes
(Specify whether

In this community _____
years, months or days

3. (a) PRINT FULL NAME Earnest Robert

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Roberts 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb 28 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Unk. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Roberts

13. Birthplace Unk. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Ramon

15. Birthplace Unk. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Roberts

(b) Address Spokane Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Schuyler Cemetery

18. (a) Signature of funeral director T. B. Chabbin
(b) Address Spokane Mo.

19. (a) 7-6-43 (Date received local registrar) (b) W. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Spokane Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 11 minute 30 A.M.

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

Immediate cause of death Shock + hemorrhage Duration 30 min.

Due to Crushed Chest

Due to Automobile collision of two cars

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

Major findings: 170C-6
Of operations _____

Of autopsy 22

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) Accident 139

(b) Date of occurrence July 4, 1943

(c) Where did injury occur Home Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway 123 near Springfield Mo
While at work? No (Specify type of place) (e) Means of injury Automobile Collision

23. Signature Wm C Stone (M. D. or other) _____
Address Springfield Mo. _____ Date signed 7-6-43

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

MOTHER FATHER

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

Harlow Knab

Licensed Embalmer No.

4065

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.

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