

FILED APR 28 1944

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1121 E. Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 55 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1121 E. Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Rains Roberts

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

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

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

7. Birth date of deceased January 8, 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 3 7 hr. min.

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

10. Usual occupation Retired School

11. Industry or business Instructor

MOTHER FATHER { 12. Name Joseph P. Roberts
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Celia Ribbetoe
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Roberts
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-18-44 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th,
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from April 14, 1944 to April 15, 1944
that I last saw him alive on April 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cause from senility. If due to renal failure. The cause was bicuspid.
Due to 95 years - Had cystitis for 6 yrs. just went to sleep
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

Duration

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?
While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Robertson (M. D. or other) M. D.
Address Springfield, Mo. Date signed

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

9
2
6

984

4

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 Keith Collier

Licensed Embalmer No. 3632

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