

S. No. 2
M-5-42
7-5-17-39
X32873

Dr. Freeman

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11108

FILED JAN 10 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 968

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 1017 St. Louis
(d) Length of stay: In hospital or institution 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(d) Street No. 1017 St. Louis
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Elmer Lewis Roberts
3. (b) If veteran, name war No 3. (c) Social Security No. 491-05-0835

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30 year 1944 hour 11 minute 30 a. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lunda Roberts 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased August 31, 1893

21. I hereby certify that I attended the deceased from 12/15 1944 to 12/30 1944 that I last saw him alive on 12/30 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 3 Days 29 If less than one day hr. min.

Immediate cause of death Peritonitis Duration 3 mo.

9. Birthplace Des Moines Iowa

Due to Gen Peritonitis
Due to Stomach

10. Usual occupation Laborer

Other conditions First treated by others
Major findings: Of operations none

11. Industry or business

MOTHER FATHER
12. Name Marion Roberts
13. Birthplace UNK. Iowa
14. Maiden name Etta Keet
15. Birthplace Unknown Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy no

16. (a) Informant Mrs. Eva Jane Falson
(b) Address Chicago, Ill.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 1/3/45
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-3-45 (b) H. M. Handley

23. Signature D. F. Freeman (M. D. or other)
Address Springfield, Mo. Date signed 12/27/45

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

NOV 25 1945

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. Doolie Gorman

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.

X