

S. No. 2
M-2-43
5-17-39
P1 X3887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16341

FILED JUN 12 1946
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 439

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County, Taney 106
(c) City or town Protem Rural 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Joy Lea Roberts

(b) If veteran, name war

NONE

(c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive 8 1/2 years

7. Birth date of deceased

Aug. 24, 1945 (Month) (Day) (Year)

8. AGE:

Years 0 Months 8 Days 29 hr. min.

9. Birthplace

Protem Taney Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

INFANT

11. Industry or business

MOTHER FATHER

12. Name Alva G. Roberts

13. Birthplace White Co. Arks! (City, town, or county) (State or foreign country)

14. Maiden name Pratsie S. Coats

15. Birthplace Protem Taney Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant

Alva G. Roberts

(b) Address

Protem, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 5-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation

Protem Mo.

18. (a) Signature of funeral director

CLINKINGBEARD FUNERAL HOME

(b) Address

AVA, MO.

19. (a) 5-21-46 (Date received local registrar)

(b) W. H. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from 5-19-46, 1946, to 5-20-46, 1946.

that I last saw him alive on 5-19-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis (Septic cerebral meningococcus) Duration 1 d.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature W. H. Handley (M. D. or OTHER) Address Springfield, Mo. Date signed 5-21-46

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

9
2
6

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. *Ava 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.