V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20004

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 476

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 837 E. Lombard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LESLIE ROBERTS
3. (b) If veteran, name war UNK.
3. (c) Social Security No. UNK.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Grace Roberts
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased July 23, 1893 (Month) (Day) (Year)
8. AGE: Years 52 Months 10 Days 12 If less than one day hr. min.
9. Birthplace Springfield, Missouri 11 (City, town, or county) (State or foreign country)
10. Usual occupation Sales Manager
11. Industry or business McGregor Motor Sales Col
FATHER 12. Name Rufus S. Roberts
FATHER 13. Birthplace UNK. Kansas 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lula King
MOTHER 15. Birthplace UNK. Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Grace Roberts (wife)
(b) Address 837 E. Lombard, Spfd., Mo
17. (a) ~~XXXX~~ Burial (Burial, cremation, or removal) (b) Date thereof June 9, 46 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address 534 St. Louis St., Springfield, Mo.
19. (a) 6-10-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 6/4, 1946, to 6/4, 1946, that I last saw him alive on 6/4, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung (Left)	4 Mo?
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 478	
Major findings: Of operations	
Of autopsy Carcinoma of Lung (Left)	

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 H. P. Meadows (M. D. or other)
Address Springfield, Mo Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.