S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41417

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 1117

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: 2146 N. Johnson Ave.,
(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: 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: 2146 N. Johnson Ave., (If outside city or town limits, write "RURAL")
(d) Street No.: Springfield (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Adah Madelime Lewis Roberts
3. (b). If veteran, name war: None
3. (c) Social Security No.: 500-01-6470
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur E. Roberts
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: Dec. (Month) 12 (Day) 1892 (Year)
8. AGE: Years 55 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.
9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: At Home
MOTHER: FATHER
12. Name: Samuel Young
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Louisa Wagner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Arthur E. Roberts
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cem
18. (a) Signature of funeral director: J. W. Kingman & Co.
(b) Address: Springfield Mo.
19. (a) 12-26-47 (Date received local registrar) (b) W. E. Lindley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24, year 1947 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1945, 19..., to Dec 24, 1947, that I last saw h. E.R. alive on Dec. 22, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal uremia	3 wks
Due to: Metastatic carcinoma	1 yr
Due to: Primary carcinoma of cervix	3 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: L&P	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: William J. Kampion (M. D. or other) M.D.
Address: Springfield Mo. Date signed 12-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ogle Sloane Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.