No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8465
Registrar's No. 538

Registration District No. FILED APR 1 1948 28

Primary Registration District No. 5466

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos 9 days
In this community 5 mos 9 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Ira ROBERTS #6581-H
3. (b) If veteran, name war ?
3. (c) Social Security No. ?

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Naydine (Audbrey) Roberts
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased December 27 1918 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	2	21	hr. min.

9. Birthplace Okmulgee (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Taxi operator
11. Industry or business

FATHER
12. Name James Roberts
13. Birthplace ? (City, town, or county) U.S.A. (State or foreign country)

MOTHER
14. Maiden name Ella
15. Birthplace ? (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant File
(b) Address MCFP
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1200 Boonville St.
19. (a) 3-19-48 (Date received local registrar) (b) Springfield, Mo. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 8 minute 25 P.M.
21. I hereby certify that I/the medical staff attended the deceased from October 9, 1947 to March 18, 1948; that I/they last saw him alive on March 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute yellow atrophy of the liver	Approx. 2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 E W Moreland (M. D.)
Address Medical Center Fed. Pris Date signed 3-19-48

Jefferson City Printing Co.
(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 Fred C. Thielecke

Licensed Embalmer No. 2899

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.