

Registration District No. **128**

Primary Registration District No. **20005465**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Rural n. Campbell Sup**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Johnson Heights Home - R#4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield - rural - R#4**
(If outside city or town limits, write "RURAL")
(d) Street No. **xxxx Johnson Heights Home - Hy 66**
west of Springfield (location).
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ellen Jane Roberts**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Joe Roberts**
6. (c) Age of husband or wife if alive **June 11 1863**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **84** Months **9** Days **16**
If less than one day hr. min.

9. Birthplace **Douglas County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hwife.**

11. Industry or business _____
12. Name **Fredrick R. Crawford**
13. Birthplace **Tenn.**
14. Maiden name **Floia Ann Lantz**
15. Birthplace **Tenn.**

16. (a) Informant **Lucie Crawford**
(b) Address **Clarks Ridge, Ark.**
17. (a) Burial (b) Date thereof **3-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gamaliel, Ark.**

18. (a) Signature of funeral director **Chicklingbeard Tom. Home**
(b) Address **Gainesville, Mo.**

19. (a) _____ (b) **WJ Hanceley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**
year **1948** hour **1** minute **30 P** M.

21. I hereby certify that I attended the deceased from **Unattended by physician**
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **probably cardiac renal vascular disease**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

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

23. Signature **WJ Hanceley local registrar**
Address **Oppler Mo** Date signed **7/2/48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

19
00

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.....

Charles P. Fisk

Registered Apprentice No. *45*

working under my personal supervision.

Signed.....

W. B. Sutherland

Licensed Embalmer No. *3431*

P. O. Address..... *Gainesville, Tex.*

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.