S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 39852

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1088-A

**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: 1056 E. Pacific Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years 9 Mo., 22 Days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1056 E. Pacific St., (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Larry Dean Roberts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 22 1944 (Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child At Home

11. Industry or business At Home

FATHER
12. Name John Daniel Roberts
13. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Stillwagen
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. J. Roberts,
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.,
(b) Address Springfield Mo.

19. (a) 12-16-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 14th year 1948 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 15, 1948, to December 14, 1948 that I last saw him alive on December 13, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Insufficiency | 4 Days |
| Due to: massive ascites & pleural effusion | 4 to 7 Days |
| Due to: Lymphosarcoma (Primary at ileum) with metastases | 3 Mos |

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy specimen taken from mass

Of autopsy none

46E

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 William J. Campion (M. D. or other) D.V.

Address Springfield, Mo. Date signed 12-16-48

(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 Ogle Stone Jr.

Licensed Embalmer No. 47[illegible]

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.**