

FILED MAY 18 1942

Registration District No. 48-1842

Primary Registration District No. 5633

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town 1 mi N. Van Buren
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State San 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 24 1/2 days
(Specify whether years, months or days)

In this community 24 1/2 days
years, months or days)

3. (a) PRINT FULL NAME Martin Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. None known

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 5 years (Day) (Year)

7. Birth date of deceased. April 5 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25 11 24 hr. min.

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

10. Usual occupation farmer

11. Industry or business.

MOTHER FATHER { 12. Name Nathan Roberts

13. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Church

15. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Michael Beard Clark

(b) Address Missouri State San

17. (a) burial (b) Date thereof Apr 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or State Sanatorium

18. (a) Signature of funeral director Geo Ben

(b) Address W. Vernon

19. (a) Apr 4 42 (b) Wm. Emery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

(d) Street No. 20
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 1942
year 5:10 hour minute M.

21. I hereby certify that I attended the deceased from July 31
1941 to March 29 1942
that I last saw him alive on March 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cul the at 5 yr

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 138'

Major findings: Of operations

Of autopsy Cul the

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

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 James L. Beck (M. D. or other) Dr. J.
Address W. Vernon Mo Date signed 3-20-42

RECEIVED

District Health Officer No. 6,

District File Number 542-648

Date Filed MAY 7 1942

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.....

Was not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Geo B Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont St

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.