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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7222  
Registrar's No. 135

FILED FEB 28 1944

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
(a) County Greene County  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sptd Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 4 days (Specify whether  
In this community lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Lawrence 55  
(c) City or town Pierce City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Hugh Roberts  
3. (b) If veteran, name war No  
3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 7<sup>th</sup>  
year 1944 hour 9 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 2/5  
1944 to 2/7 1944  
that I last saw him alive on 2/7/44 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara Roberts  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Mar. 15 1868  
(Month) (Day) (Year)

Immediate cause of death Uremia ✓  
Due to Arterio-sclerosis  
Due to \_\_\_\_\_  
Duration 1 yr.

8. AGE: Years 75 Months 10 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions X-Ray burn - over sacrum - 1 yr.  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Neosho Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clothing Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joshua Roberts  
13. Birthplace Unk. Unk.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk. Unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Roberts - son

(b) Address 504 4th Month Mo.

17. (a) Burial (b) Date thereof 2-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Cemetery

18. (a) Signature of funeral director Wm. J. ...

(b) Address Pierce City Mo.

19. (a) 2-9-44 (b) Dr. W. H. ...  
(Date received local registrar) (Registrar's signature)

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 Guy Callaway (M. D. or other) MD  
Address Springfield Mo. Date signed 2/9/44

984

(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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Victor O. Niemeyer

Licensed Embalmer No. 3822

P. O. Address Peru City, Ia

**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.**

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. MarchRegistration District No. 128Primary Registration District No. 2000Registrar's No. 125

## 1. PLACE OF DEATH:

(a) County Greene Co.  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Wm Hugh Roberts

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Sm

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15 1886  
(Month) (Day) (Year)8. AGE: Years 25 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

## 10. Usual occupation \_\_\_\_\_

## 11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

## 16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

## 18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Memoria Duration \_\_\_\_\_Due to arterio sclerosisDue to Rayburn's diseaseOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: nephrosclerosis ch. PHYSICIAN \_\_\_\_\_Of operations: ADDITIONALSUPPLOf autopsy: IMP 1312 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? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTAL

7221