

FILED MAY 24 1944

State File No. \_\_\_\_\_

Registration District No. 120

Primary Registration District No. 2.000

Registrar's No. 407

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Spfld.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **625 nichols**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **40 years** years, months or days

3. (a) PRINT FULL NAME **CHARLES ALBERT ROBERTS**

3. (b) If veteran, name war **World War No. I** 3. (c) Social Security No. **Unk.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Leila Roberts** 6. (c) Age of husband or wife if alive **Unk.** years  
7. Birth date of deceased **June 16 1886** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>10</b>	<b>28</b>	hr. min.

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

10. Usual occupation **Construction**

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

MOTHER FATHER  
12. Name **Franklin Roberts**  
13. Birthplace **Dixon Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Maitha Grayson**  
15. Birthplace **Uniontown Pa.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leila Roberts**  
(b) Address **625 Nichols Spfld. Mo.**

17. (a) **Burial** (b) Date thereof **May 12 1944** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **F. C. Greene**  
(b) Address **1100 Boonville Ave. Spfld. Mo.**

19. (a) **5-11-44** (b) **W. J. Handley** (Date received local registrar's) (Registrar's signature)

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. **625 Nichols** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10<sup>th</sup>** year **1944** hour **11** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **May 7** 19 **44** to **May 9** 19 **44**

that I last saw him alive on **May 9** 19 **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Pulmonary Tuberculosis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chr. endocarditis** (Include pregnancy within 3 months of death)

Major findings: Of operations **1381** Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

(e) Signature **M. H. Burke, M.D.** (Specify type of place) (M. D. or other) (e) Means of injury \_\_\_\_\_  
Address **410 Madras Bldg. Spfld. Mo.** Date signed **5/10/44**

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

27  
41  
39  
28390

MAY 6 1945  
JAN 10 1945

**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. Hickins  
Licensed Embalmer No. 2899  
P. O. Address 1100 Boonville

**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.**

+