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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 16 1948**

MISSOURI DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**32670**

State File No. ....

Registration District No. 128

Primary Registration District No. 5462

Registrar's No. 846

**1. PLACE OF DEATH:**

(a) County Greene  
(b) City or town Rural - Franklin Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 10, Springfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 5 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lydia Garnet Roberts

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 30 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Buyer, Dry Goods Co.

11. Industry or business

12. Name W. Clay Roberts

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

14. Maiden name Williamena Haerberle

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

16. (a) Informant Mrs S C Bates

(b) Address Route 10, Springfield, Mo.

17. (a) Burial (b) Date thereof 10-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-6-48 (b) W. S. Handley  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39  
(c) City or town Rural - Springfield 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 10, Springfield  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 4  
year 1948 hour 6 AM minute 05 M.

21. I hereby certify that I attended the deceased from Aug 1948 to Oct 4 1948  
that I last saw her alive on Sept 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart  
Due to Ch. Myocarditis

Other conditions Semipr. + Ch. nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 131B  
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 W. S. Handley (M. D. or other) MD  
Address Springfield, Mo. Date signed 10-6-48

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed

*Julian R. Goodwin*

Licensed Embalmer No. *4562*

P. O. Address *Springfield, Mo*

**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.**