

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17809
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. 1007
 (c) City Jamaar City (d) Street No. St. Joseph Hospital Registered No. 2211
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patsy Joan Roberts
 (a) Residence, No. 5217 Waldron St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1939

7. AGE YEARS MONTHS DAYS H LESS than 1 day, 1 hrs. or 45 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER 13. NAME Paul M. Roberts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinnfield Kansas

MOTHER 15. MAIDEN NAME Angela B. Sutton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jepa

17. INFORMANT (ADDRESS) Mr. Paul M. Roberts 5217 Waldron

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Newberger 1007 S. Rushcreek + Paad

20. FILED May 28, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12:15 P.M. 5-22-39, 1939, to 2:00 P. - 5-22-39 1939. I last saw h. i. r. alive on 2:00 P. - 5-22-39 1939. Death is said to have occurred on the date stated above, at 2:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth - Grav. S. mem.
159
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) M. C. Schauer, M. D.
 (Address) 45-25 Prospect - K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Nell Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

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, above space should be left blank.