

SEP 6 1939

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

28203  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson, Registration District No. 299  
 (b) Township Kaw, Primary Registration District No. 100  
 (c) City Kansas City, Mo. (d) Street No. Apt. 602, Munford Court, Registered No. 3205 St.  
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Louis Dent Roberts,  
 (a) Residence, No. Apt. 602, Munford Court, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lynne J. Roberts,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 27, 1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>79</u>	<u>9</u>	<u>15</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.  
 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) Ohio 1

FATHER  
 13. NAME Byron Roberts, 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey, 9

MOTHER  
 15. MAIDEN NAME Unknown,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT Clifford Heisted,  
 (ADDRESS) 428 West 57th Ter, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Topeka, Kansas DATE August 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,  
3235 Gillham Plaza, K. C., Mo.

20. FILED 9/13 1939 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to Aug. 11, 1939  
 I last saw him alive on Aug. 11, 1939. Death is said to have occurred on the date stated above, at 12 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 9/30

Other contributory causes of importance:  
None

Name of operation None Date of.....  
 What test confirmed diagnosis? None Was there an autopsy?.....

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 J. M. Frankes Surgeon, M. D.  
 (Signed) J. M. Frankes  
 (Address) 824 Bristol Bldg,

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.

Dr. Frankenger. J. M.  
906 Grand  
V. 3154  
154

**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 E. M. Plank .....

Licensed Embalmer No. 1548 .....

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.**