

OCT 18 1939

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

31368
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kear Primary Registration District No. 100 Registered No. 3466
(c) City Kansas City (d) Street No. Research Hospital 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

162 Ronald Wayne Roberson
(a) Residence, No. Lee-ton, Mo., Johnson Co. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) Lee-ton Mo. 0

FATHER 13. NAME Homer Roberson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 0

MOTHER 15. MAIDEN NAME Elizabeth Pral

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mr. Homer Roberson Lee-ton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee-ton, Mo. DATE 9-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. A. Branning Lee-ton, Mo.

20. FILED 9/4 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1939, to 9-4, 1939. I last saw him alive on 9-4, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.. The principal cause of death and related causes of importance were as follows:

ABRASION RT NOSTRIL
CAVERNUS SINUS THROMBOSIS RIGHT
1940

Date of onset
8-31-39
9-1-39

Other contributory causes of importance: None

Name of operation NONE Date of Autopsy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accident Date of injury unknown Where did injury occur? Rt nostril - Lee-ton, Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury UNKNOWN 2x10000 scratches Pimple Nature of injury UNKNOWN OR HALTER

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Keast, M. D. (Address) Research Hospital

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.

FORM 12-35 I X 14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Removed}~~embalmed~~ by me,

....., or by

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

Signed *R. M. Bauninger*

Licensed Embalmer No. *3377*

P. O. Address *Sector, 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, above space should be left blank.