

MARGIN RESERVED FOR BINDING

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

V. S. NO. 2.
504-1-12-39
1 X14023

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.

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

35003
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 4446 HIGHLAND Registered No. 3978
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE M ROBERTS

(a) Residence, No. 4446 HIGHLAND 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 MRS. ETTA ROGERS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4 1894

7. AGE YEARS 48 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. OFFICE WORKER

9. Industry or business in which work was done, as saw mill, bank, etc. YELLOW CAB

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) WATERVILLE (STATE OR COUNTRY) NEW YORK

FATHER 13. NAME GEORGE ROGERS

14. BIRTHPLACE (CITY OR TOWN) ALBANY (STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME EMMA HAYNES

16. BIRTHPLACE (CITY OR TOWN) NEW YORK (STATE OR COUNTRY)

17. INFORMANT MRS. ETTA ROGERS (ADDRESS) 4446 HIGHLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE OCT-17 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMERS SON (ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED 10/16 1939 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/14/39, 1939, to Oct 14 1939, 1939
 I last saw h.i.m. alive on 19..... Death is said to have occurred on the date stated above, at 7:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Bladder
Sec. Gonorrhea
Primary Bladder
 Other contributory causes of importance: (51)

Name of operation Date of
 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? 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?
 If so, specify
 (Signed) J. S. Linder M. D.
 (Address) 1315-6 1/2 E. 2nd St.

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 W. H. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address Kansas City 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.