

FILED MAR 11 1940  
399

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Menorah Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 2 Days (Specify whether  
In this community 18 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5834 Wabash Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th  
year 1940 hour 9 minute 05 A. M.  
21. I hereby certify that I attended the deceased from  
January 31, 1940 to February 14, 1940  
that I last saw her alive on February 14, 1940  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Mildred Goerner Roberts

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Hubert Roberts 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. March 10 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 11 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Rudolph Goerner

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

14. Maiden name Lina Kauffeld

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Roberts

(b) Address 5834 Wabash Ave

17. (a) Journal (b) Date thereof Feb. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMouch

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 14, 1940 (b) W. M. Crowe  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Peritonitis following colon cancer operation. Duration 7 da.

Due to Colon bacillus. 4/6

Due to \_\_\_\_\_  
Other conditions Adeno-carcinoma of recto-sigmoid.  
(Include pregnancy within 3 months of death) 6 MO.

Major findings: Cancer of recto-sigmoid, secondary left ovary.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 1

23. Signature E. D. Jwyman (M. D. or other)

Address 1314 Professional Bld. Date signed 2/14

