

FILED AUG 14 1940

No. 2  
-10.39  
17.39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24910**

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 716 Kennedy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: Clay

(c) City or town Excelsior Springs  
(If outside city or town limits write "RURAL")

(d) Street No. 716 Kennedy  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Geneva Rosetta Roberts **163**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female race w 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. April 24 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 3 0 hr. min.

9. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business 0

MOTHER FATHER { 12. Name Thomas Y. Kufft

18. Birthplace Bates Co Mo  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Helen Ward

15. Birthplace Bates Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Roberts

(b) Address Ottumwa, Iowa

17. (a) Burial (b) Date thereof 7-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Intentional

18. (a) Signature of funeral director Clayton

(b) Address Excelsior Springs Mo

19. (a) 7-27-1940 (b) Mrs. R. M. Cracker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1940 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from about 1930 to July 24 1940 that I last saw her alive on July 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial decompensation

Due to Inflammatory rheumatism 10 or 12 yrs ago

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(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? 190  
(Specify type of place)

(e) Means of Injury \_\_\_\_\_

23. Signature G. D. Braver (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs Mo Date signed 7-25-40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
I have the Number  
Date Filed 8-8-40

**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.....

Robert Ray, Registered Apprentice No. 226  
working under my personal supervision.

Signed Claude Richard

Licensed Embalmer No. 2757

P. O. Address Excelsior Spgs

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**