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3-40  
7-39  
X2315

FILED OCT 11 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3471

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:  
5812 Oak Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether  
Life )

In this community Life  
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 limits, write "RURAL")

(d) Street No. 5812 Oak Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Roger Roa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 2nd  
year 1940 hour \_\_\_\_\_ minute A. M.

21. I hereby certify that I attended the deceased from Sept 28-40  
Sept 28, 1940 to Sept 21, 1940  
that I last saw him alive on Aug 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion

Duration \_\_\_\_\_

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

Due to Arteriosclerosis 94%

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no operation

Of autopsy no

PHYSICIAN  
— 94%  
Underline the cause to which death should be charged statistically.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December 6 1884  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 27 hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerical

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

12. Name John Roa

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

14. Maiden name Lucy Colbert

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

16. (a) Informant Mrs. G. F. Fisher  
(b) Address 5812 Oak

17. (a) Burial (b) Date thereof Sept. 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director D. H. Newcomb

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept 4, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 /

23. Signature P. N. Owens (M. D. or other)  
Address 1034 Reale K. P. Mt. Date signed 10-3-40

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

MOTHER FATHER

11-5:38

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**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 *A. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *N. C. Mo.*

**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, fact should be so stated above.