S. No. 2
—11-10-39
. 5-17-39
I X21492

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2890

Registration District No. 400 Primary Registration District No. 55538 Registrar's No. 21

48
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) ~~City or town~~ Prairie Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home 2 South aged & infirm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether

In this community 37 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas city 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. 523 Grand ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Roberts

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. (Month) 14 (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant W. J. McCarthy

(b) Address Little Blue, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 23 (Day) 41 (Year)

(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K. C. Mo.

19. (a) 1-23-41 (Date received local registrar) (b) Sara E. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 4 minute a M.

21. I hereby certify that I attended the deceased from July 20, 1940, to Jan 17th, 1941; that I last saw him alive on 1-17-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 day
Due to Hypertension - Nephritis	10 yrs
Syphilis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 30	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. J. B. Darby (M. D. or other) DMD

Address 419 N. Walnut KC Date signed 1/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weelent

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Plac

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.