

No. 2
-1.4-41
5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37313

State File No. _____

4107

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
814 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether years, months or days) X

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. 814 Troost
(If rural, give location) 0
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME James R. Roberts

3. (b) If veteran, name war NO 3. (c) Social Security No. X

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

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

7. Birth date of deceased July 25 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Bookkeeper

11. Industry or business X

12. Name Thomas Roberts

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Neilon

(b) Address 814 Troost, Kansas City, Mo.

17. (a) Removal (b) Date thereof 11-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russellville, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-4-41 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 5/1/41
11/2/41 to 11/2/41, 19____;
that I last saw him alive on 11/2/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Arteriosclerosis
Due to _____
Due to _____

Duration
6 wks.
1 month
6 wks.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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) 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? No

(Specify type of place) _____
(e) Means of injury _____

Signature [Signature] (M. D. or other) _____
Date signed 11/2/41

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

Dr. Buskingham.

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.....

Willis H Bennett....., Registered Apprentice No. *282*
working under my personal supervision.

Signed *Emery M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. C. 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, fact should be so stated above.