

S. No. 2  
M-5-42  
7-5-17-39  
P1 X32873

FILED AUG 1 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2773**

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 **Research Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Days**  
(Specify whether years, months or days)

In this community **41 Years**

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. **6825 Edgevale Road**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **-----**

3. (a) PRINT FULL NAME **Mrs. Carrie A. Roberson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th** year **1942** hour **11** minute **15 P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Samuel K. Roberson**

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

7. Birth date of deceased **March 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1st** 1942, to **July 17th** 1942, that I last saw her alive on **July 17th** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma**

8. AGE: Years **72** Months **4** Days **11** If less than one day hr. min.

Due to **Carcinoma Breast**

Due to **(Removal at postmortem)**

Other conditions **50**  
(Include pregnancy within 3 months of death)

9. Birthplace **Marshallville Georgia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Major findings: Of operations **50**

Of autopsy **Carcinoma Liver**

PHYSICIAN **-----**  
Underline the cause to which death should be charged statistically.

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Dr. Phillip Timberlake**

13. Birthplace **Charlottesville Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Lester**

15. Birthplace **Charlottesville Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Spencer Roberson**

(b) Address **4209 Walnut St, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **July 20, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **O. N. Newcomer's Son**

(b) Address **1401 Brush Creek Blvd**

19. (a) **7-20-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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 **Smald R. Black** (M. D. or other)

Address **Professional Bldg** Date signed **7/18/42**

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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.....

Licensed Embalmer No. 4643

P. O. Address N.C. 9th

**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.**