

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 433

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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 30 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. Reid Hotel, 10th & Broadway
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Robert,

3. (b) If veteran, name war no.

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 1943 hour 1 minut 55 A.M.

4. Sex Male

5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna L. Roburt

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 13 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-24-42 19..... to 1-25-43 19.....
that I last saw him alive on 1-25-43 19.....
and that death occurred on the date and hour stated above.

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

60	3	12hr.min.
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Immediate cause of death Carcinoma of oesophagus, not confirmed

Due to 46a

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

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Real Estate Salesman

11. Industry or business x Commission

12. Name Thomas Robert,

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

14. Maiden name Harriet

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy None

16. (a) Informant Mrs. Anna Roburt,

(b) Address 206 1/2 No. Wells, Chicago, Illinois

17. (a) Cremation (b) Date thereof 1-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

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

19. (a) 1-27-43 (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 Dwight R. Stine (M. D. or other) 0

Address Med. Dir. K.C. General Hospital Date signed 1-25-43

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

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. 1415

P. O. Address.....

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.