

FILED JAN 25 1943
Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: St. Joseph Hospital

(d) Length of stay In hospital or institution 1 day

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 1603 Fabron

(e) Citizen of foreign country? No

If yes, name country

3. (a) PRINT FULL NAME SANDRA-KAY-ROBERTS

(b) If veteran, name war NO

(c) Social Security No. NO

4. Sex F 1

5. Color or race W

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

7. Birth date of deceased Dec 31 1942

8. AGE:

Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace St. Joseph MO

10. Usual occupation none

11. Industry or business

12. Name Harold Roberts

13. Birthplace St. Joseph MO

14. Maiden name Mildred F. Hankins

15. Birthplace

16. (a) Informant Harold Roberts

(b) Address St. Joseph MO

17. (a) (b) Date thereof Jan 2 1943

(c) Place: burial or cremation

18. (a) Signature of funeral director Roy Plamey

(b) Address St. Joseph MO

19. (a) 1-2-43 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1

year 1943 hour 5 minute d. M.

21. I hereby certify that I attended the deceased from Dec 31 1942 to Jan 1 1943

that I last saw him alive on Dec 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 18 hrs

Due to Birth injury

Spontaneous and easy delivery

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

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?

(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: [Signature] (M. D. or other)

Address: St. Joseph MO Date signed: 1-2-43

Duration

18 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 not
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

John Ray Blaney

Licensed Embalmer No. 2435

P. O. Address..... *H. Joseph*

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.