

FILED FEB 6 1945

State File No. _____

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 418

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-18-45-1-20-45
(Specify whether years, months or days) over 35 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. 1429 Forest
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER ROBERTS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 5. Color or race Negro

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

6. (b) Name of husband or wife Anna Roberts

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

7. Birth date of deceased September 10 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1945 hour 8:30 minute p. M.

21. I hereby certify that I attended the deceased from January 18, 1945, to January 20, 1945:
that I last saw h. im alive on January 20, 1945:
and that death occurred on the date and hour stated above.

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

64 4 10 hr. _____ min.

Immediate cause of death Constrictive Pericarditis with circulatory failure

Due to Acute Hemorrhagic cystitis

9: Birthplace Bunston Missouri
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy Same as above

10. Usual occupation none

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Agnes Roberts

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2.

17. (a) burial (b) Date thereof 1/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director J. H. Brown

(b) Address 1729 Lydia

19. (a) 1-26-45 (b) D. E. 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 [Signature] (M. D. or other) _____
Address Gen. Hosp #2-600622 Date signed 1-23-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.