

FILED MAY 31 1945

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Rural Blue Tr.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
224 So. Sterling
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co.
(c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 224 So. Sterling
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Roberts

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased May 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 18 hr. min.

9. Birthplace Charleston N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Charles Dellinger

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Dewey Roberts

(b) Address 224 So. Sterling K.C.M.

17. (a) Burial (b) Date thereof 46 7- 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 4-6-45 (b) Jameer Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th.
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 13
1944 to Apr 7 1945
that I last saw her alive on Apr 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Haemoria Duration 2 days

Due to Chronic Hepatitis 2 years

Due to _____

Other conditions Chronic Valvular Heart Disease 8 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) _____

(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 Ch. Ross (M. D. or other) _____

Address 120 N. Edward Date signed 4/6/45

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.....

Wm L Ward

Licensed Embalmer No.

3991

P. O. Address.....

309 E 67th

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.

K.P.Mo