

No. 2
-2-43
17-39
X35697

FILED MAR 27 1946
42

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 283

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1504 Sycamore
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 41 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1504 Sycamore
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nora Ann Roberts
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month March day 5th
 year 1946 hour 12 minute 20 P. M.

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 26 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1946 to 3-5 1946
 that I last saw her alive on 3-4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>8</u>	<u>9</u>	hr. min.

Due to _____
 Due to Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation at home

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy no

11. Industry or business _____

MOTHER FATHER
 12. Name William A. Roberts
 13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Myers
 (b) Address 1504 Sycamore

17. (a) burial (b) Date thereof 3/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mora Cemetery

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?
(Specify type of place)

18. (a) Signature of funeral director Heaton, Richey & Baerman
 (b) Address St. Joseph, Mo.

While at work? _____ (c) Means of injury _____

19. (a) Mar. 8, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature W. L. Ferguson (M. D. or other) DO
 Address 801 Buchanan St. Date signed 3-5-46

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

MAR 28 1948

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 5 Mary

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, Mo

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.