

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X38571

FILED MAR 27 1946

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town K.C. Mo  
(c) Name of hospital or institution: St. Mary's Hosp  
(d) Length of stay: In hospital or institution 18 hrs.  
In this community 18 hrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kans (b) County Wyandotte  
(c) City or town K.C.  
(d) Street No. 1300 So 31st  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Jensen Kay Roebuck  
3. (b) If veteran, name war - 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 9  
year 1946 hour 6 minute 45 p.M.  
21. I hereby certify that I attended the deceased from 3-9-46  
1 3-9-46, 1946 to 3-9- 1946  
that I last saw her alive on 3-9- 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
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: 3-9-1946  
(Month) (Day) (Year)

Immediate cause of death: later coronal hemorrhage  
Due to premature - 8 mos.  
Due to birth injury  
Other conditions: 1600  
(Include pregnancy within 3 months of death)

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

9. Birthplace: K.C. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: new born

PHYSICIAN  
Major findings:  
1 Of operations: -  
Of autopsy: -  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name Leo Allan Roebuck  
13. Birthplace Chamberlain S. Dak  
14. Maiden name Edna Lucille Kiesel  
15. Birthplace St Joseph Mo.

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? -

16. (a) Informant mother  
(b) Address 1300 So 31st. K.C. K.  
17. (a) removal (b) Date thereof 3-9-46  
(c) Place: burial or cremation Maple Hill Cem. K.C. K.

23. Signature J. Neighor M.D. (M. D. or other)  
Address Kansas City, Kans Date signed -

18. (a) Signature of funeral director Simmons  
(b) Address 1404 So. 37th, K.C., Mo.  
19. (a) 3-12-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

48  
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**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.....

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.**