

Registration District No. 149 Primary Registration District No. 1002

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:
1327 Garfield Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1327 Garfield Avenue 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William A. Roberson
 (b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 9
 year 1946 hour 1 minute 30 A.M.
 21. I hereby certify that I attended the deceased from May 27,
1946 to June 9, 1946
 that I last saw him alive on June 9, 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ella Roberson 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased September 15, 1866
(Month) (Day) (Year)

Immediate cause of death Cardiac failure Duration 48 hrs.
 Due to Hypertensive type heart disease 2 wk. 2
 Due to chronic nephritis 2 wk. 1

8. AGE:	Years	Months	Days	If less than one day
	79	8	24	hr. min.

Other conditions 1318
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Fayette, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pullman Porter

11. Industry or business _____
 MOTHER FATHER { 12. Name Unknown Roberson 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Cordelia Coleman
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Ella Roberson
 (b) Address 1327 Garfield
 17. (a) Burial (b) Date thereof 6/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
 (b) Address 1729 Lydia Avenue
 19. (a) 6-11-46 (b) Etheldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Watkins Bros. (M. D. or other) M.D.
 Address 2434 Vine St. Date signed 6-10-46

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

1933

Dr. Hill

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

Lawrence A. Jones, Registered Apprentice No. *378*
working under my personal supervision.

Signed

J. 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.