FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 578

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 1 7
d. STREET ADDRESS (If rural, give location): 719 North 25th 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Ingram
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): 5/13/49

5. SEX: female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 6/25/1884
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school teacher
10b. KIND OF BUSINESS OR INDUSTRY: public school
11. BIRTHPLACE (State or foreign country): St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse I. Roberts
13b. MOTHER'S MAIDEN NAME: Evalina Donovan
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J. Donovan Roberts — ADDRESS: St. Joseph, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH
Myocardial Insufficiency

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of ileum
DUE TO (c) Carcinoma of cecum — 153X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Autopsy report not as yet available

19a. DATE OF OPERATION: 5-5-49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ileum 1 1/2 ft from ileo cecal valve Also of cecum
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1942, to May 13, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 5:15P m., from the causes and on the date stated above.*

23a. SIGNATURE: S. P. Senor MD 0 (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 5-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: May 24, 1949
REGISTRAR'S SIGNATURE: G. C. Jenkins 382 c
25. FUNERAL DIRECTOR'S SIGNATURE: Peaton Bowman Funeral Home — ADDRESS: St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Earl Senor

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4525

P. O. Address 3195 10th 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.