

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23606

State File No. \_\_\_\_\_

FILED AUG 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3216

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City Mo</b>		c. CITY OR TOWN <b>Kansas City Missouri 70</b>	
c. LENGTH OF STAY (in this place) <b>50 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1707 West 40th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1707 West 40th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1707 West 40th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mr Charles Franklin</b> b. (Middle) <b>ROBERTS</b> c. (Last) <b>ROBERTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8-28-89 1862</b>	9. AGE (In years last birthday) <b>86</b> 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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>		11. BIRTHPLACE (State or foreign country) <b>Marshalltown Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Robert Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Rousseaux</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Roberts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David Roberts 1707 West 40th Street</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension, arterial, severe</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Apoplexy, mild, sec to #6</b> DUE TO (c) <b>Nephritis, cause undet.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>593X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7/19 1949, to 7/24, 1949, that I last saw the deceased alive on 7/23, 1949, and that death occurred at 7:30 p.m., from the cause and on the date stated above.

23a. SIGNATURE <b>Paul E. Pearson</b>		(Degree or title)		23b. ADDRESS <b>1025 North Boyd St. Mo.</b>		23c. DATE SIGNED <b>7/25/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-26-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>7-25-49</b>		REGISTRAR'S SIGNATURE <b>Rosalind Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>France-Wornall Funeral Home</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

*LeRoy A. Mooney*

Student Embalmer No. 333

working under my personal supervision.

Signed *LeRoy A. Mooney*  
Student Embalmer

Signed *Russell W. Feas*

Licensed Embalmer No. 4259

P. O. Address K 107

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.