

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31838

State File No.

DECEASED OCT 4 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4161

3

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. GENERAL HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 9218	
		d. STREET ADDRESS (If rural, give location) 2203 CHARLOTTE 210	
3. NAME OF DECEASED (Type or Print) a. (First) WANNETTA		b. (Middle) ROBERS	
c. (Last) ROBERS		4. DATE OF DEATH (Month) (Day) (Year) SEPT 17 1952	
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD II	8. DATE OF BIRTH AUG. 28, 1943
9. AGE (In years last birthday) 9		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	11. BIRTHPLACE (State or foreign country) 1 LITTLE ROCK, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THEODORE ROBERS	
13b. MOTHER'S MAIDEN NAME BERTHA		14. NAME OF HUSBAND OR WIFE CHILD	
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 THEODORE ROBERS 2203 CHARLOTTE		ADDRESS 17. C. M. D	
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) <i>Arteriosclerosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>pulmonary congestion</i> DUE TO (c) <i>interstitial pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 525+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Report pending at hospital	
20. AUTOPSY? YES <input checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>M. A. Jones</i>		23b. ADDRESS	
23c. DATE SIGNED 9/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVABLE		24b. DATE 9-28-1952	
24c. NAME OF CEMETERY OR CREMATORY WESTLAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
DATE REC'D BY LOCAL REG. 9-22-52		REGISTRAR'S SIGNATURE <i>Theraldine Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 13004-BROWN 1708 TRACY	

6-15-49

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Laurence A. Jones*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *1708 Tracy Ave. N*

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.