

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6958

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township _____ Primary Registration District No. 3019 Registered No. 40
(c) City Independence (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jerry M. Roberts 163
(a) Residence, No. 526 E - Lexington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Tank
9. Industry or business in which work was done, as saw mill, bank, etc. Repair
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Minnie Roberts
(ADDRESS) 526 E - Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Hill DATE 2-6-1938

19. FUNERAL DIRECTOR Geo. C. Carson
(ADDRESS) Independence, Mo.

20. FILED 2-10-38 19.38 J. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1938, to Feb. 3, 1938
I last saw him alive on Feb. 3, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset
7/1/38

Other contributory causes of importance:

Influenza
Coronary Sclerosis

1/25?
P

Name of operation _____ Date of _____
What test confirmed diagnosis? Blue Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Geo. C. Carson, M. D.
(Address) Independence, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lyle M. Stein, Licensed Embalmer No. 3156
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.
Signed Lyle M. Stein
Licensed Embalmer No. 3156

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.)