

REC'D MAY 9 1938

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

13536

Do not use this space.

1516

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kear Primary Registration District No. 1002 Registered No. 1516
(c) City Kansas City (d) Street No. 5652 Bales St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Benjamin W. Roberts 16
(a) Residence, No. 5652 Bales 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Roberts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1876
7. AGE YEARS 62 MONTHS 2 DAYS 9 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as saw mill, bank, etc. Phillips oils
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) Penn.

FATHER 13. NAME John Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Wallburg Rapp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Sue Roberts
5652 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Apr 8 1938

19. FUNERAL DIRECTOR (ADDRESS) W. H. Weeber's Sons
Brunswick + Pased

20. FILED Apr 7 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1938
22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 6, 1938
I last saw him alive on April 6, 1938. Death is said to have occurred on the date stated above, at 2:24 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 4-1-38

Other contributory causes of importance:

acute myocarditis

4-5-38

Name of operation none Date of
What test confirmed diagnosis? symptoms Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) Ottobor H. H. ... M. D.

(Address) 856 Bialto Bldg.

Walter Bell
W 1 24 66

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

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.)