

REC'D NOV 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35031
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON | Registration District No. 399
(b) Township RAW | Primary Registration District No. 100 Registered No. 4006
(c) City KANSAS CITY (d) Street No. LAKESIDE HOSPITAL 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

163 MRS. BEULAH D ROBERTS
(a) Residence, No. 812 BENTON BLVD 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. B. Z. ROBERTS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-9-1876
7. AGE YEARS 63 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST CHARLES COUNTY
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME THOMPSON M^c KINLEY
14. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME SARAH B. DUNLAP
16. BIRTHPLACE (CITY OR TOWN) MARYLAND
(STATE OR COUNTRY)

17. INFORMANT MR. J. B. Z. ROBERTS
(ADDRESS) 812 BENTON BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE OCT-20 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED 10/18 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT-18 1939

22. I HEREBY CERTIFY that I attended deceased from Oct 12 1939 to Oct 18 1939
I last saw him alive on Oct 17 1939. Death is said to have occurred on the date stated above, at 3:45 AM.
The principal cause of death and related causes of importance were as follows:

Adynamic Illness 3 days
Other contributory causes of importance:
Acute Cholecystitis Gallstones
Perforated Gall Bladder

Name of operation Cholecystectomy Date of Oct 18/39
What test confirmed diagnosis? Clinical 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 George J. Conley
(Signed) _____, M. D.
(Address) 212 Tenth Blk, K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-35 I X14023

212 Jackson Bldg
2-5

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

Registered Apprentice No....., working under my personal supervision.

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. O. 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, above space should be left blank.