

FILED MAR 4 - 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5325

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 550

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K. C. General Hospital, K. C. Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 1920  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Noah L. Roberts,

3. (b) If veteran, name war None  
8. (c) Social Security Yes No Yes No 495-05-4183

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive Years

7. Birth date of deceased Mch. 11th, 1905  
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 22  
If less than one day hr. min.

9. Birthplace Savannah Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman,

11. Industry or business Opie Brush, Co.,

12. Name Fountain Roberts,

13. Birthplace Iowa.

14. Maiden name Elizabeth Parland (State or foreign country)

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Kesterson,

(b) Address 709 West 77th, Str., K. C. Mo.

17. (a) Burial (b) Date thereof Feb. 5th, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington, Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster,

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Feb. 5, 1940 (Date received local registrar)  
M. M. Cronin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4637 East 8th, Str., K.C. Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd, 1940  
year 1940 hour 2:40 P.M. minute

21. I hereby certify that I attended the deceased from Regularly Central Kansas  
the 1st day of Feb., 1940, to 3rd, 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hypertensive heart disease

Other conditions 95.5  
(Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy 95.5

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of job) (e) Means of injury  
23. Signature Victor H. Richter (M.D. or other)  
Address K.C. Mo. Date signed

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

MOTHER FATHER

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

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address San Jose City, Me

**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.**