DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5626

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 851

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 622 Benton Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 4 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 622 Benton Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John L. Roberson

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb. 11th. 1855 (Month) (Day) (Year)

8. AGE: Years 85 | Months 0 | Days II | If less than one day ____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: Clayton Roberson
13. Birthplace: Va. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Jennie Weis
15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature: Hattie Marsh
(b) Address: 2737 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 26-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: W. F. Maybeesse
(b) Address: 2315 Linwood Blvd.

19. (a) 2-25-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour 1 minute ____ A.M.

21. I hereby certify that I attended the deceased from Feb 14th, 1940, to Feb 21st, 1940 that I last saw him alive on Feb 21st, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Dr Starr D. Ramey D.O. (M.D. or other)
Address: 3028 East 6th Ave. Date signed: 2-22-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....Roy E. Snow.....

Licensed Embalmer No.....2560.....

P. O. Address.....2315 Linwood Blvd.....

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.