

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **12004**

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:  
5425 Lydia 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 3 yrs.  
 years, months or days

3. (a) PRINT FULL NAME Andrew Jackson McRoberts

8. (b) If veteran, Andrew Jackson McRoberts name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Unknew 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 23 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 21 hr. \_\_\_\_\_ min.

9. Birthplace California Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William B. McRoberts 0  
 13. Birthplace Tenn  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy E. McRamel  
 15. Birthplace California Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Florence J. Rexwad  
 (b) Address 5425 Lydia, K.C. Mo

17. (a) Burial (b) Date thereof 5-16-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adrian Mo  
 18. (a) Signature of funeral director Leath + Son  
 (b) Address Adrian

19. (a) May 17, 1940 (b) M. M. Browe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5425 Lydia  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
 year 1940 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from May 11  
 1940, to May 14, 1940.  
 that I last saw him alive on May 13, 1940.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 place) (e) Means of Injury \_\_\_\_\_

23. Signature Chhaba M.D. (M. D. or other) \_\_\_\_\_  
 Address 1082 Ogden Bldg. N.C. 400 Date signed 5-14-40

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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.

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

Signed..... *Adrian Mo* .....

Licensed Embalmer No. *3650* .....

P. O. Address *Adrian 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.**