

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH, **Jackson**  
(a) County Kansas City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution K. C. General Hospital  
(If not in hospital or institution, write department number or location)  
(d) Length of stay: In hospital of institution 5 day (Specify whether years, months or days)  
In this community 16 Years

3. (a) PRINT FULL NAME MILLIE A. JOHNSON ROBERTS  
(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. James W. Roberts 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased February 22 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Henry Johnson

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Jas W Roberts

(b) Address 828 Brighton Avenue

17. (a) Cremation (b) Date thereof Jan. 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 13 1947 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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. 828 Brighton Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th  
year 1941 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-5-41, 1941, to 1-10-41, 1941;  
that I last saw her alive on 1-10-41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic intestinal obstruction

Due to Probably pelvic neoplasm, uterine in origin.

Due to N.M.O.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 56B  
Of autopsy None

Duration  
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 place) (e) Means of injury 1

23. Signature Bruce R. Threl (M. D. or other)  
Address Med. Dir. K. C. Gen. Hospital, K. C. MO. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. C. 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, fact should be so stated above.**