

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30809

State File No. _____

FILLED OCT 13 1941
Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 3566

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 3517 Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 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. 3517 Locust
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Roberts

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julius Roberts 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 29th 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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 J. O. Roberts

(b) Address 3511 Locust

17. (a) Burial (b) Date thereof 25th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abilene Kansas

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City

19. (a) 9/24/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd
year 1941 hour I minute 40 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Sept 23, 1941
that I last saw her alive on 7
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic Duration _____
Nremic poisoning 4 yrs

Due to Inflammation of
kidneys

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? _____

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

23. Signature Charles T. Borden (M. D. or other) _____
Address 1200 Oak Date signed 9/23/41

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 *J. E. Henderson*

Licensed Embalmer No. *3657*

P. O. Address *186 2nd*

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.