No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

37444

State File No. 4239

DEC 22 1941

Registration District No. 395 Primary Registration District No. 1002 Registrar's No.

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: Major Clinic 31st & Euclid Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days (Specify whether years, months or days)
In this community 30 Years

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. 3615 East 33rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

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3. (a) PRINT FULL NAME Mr. Homer Roberts
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Maude Roberts
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March (Month) 20 (Day) 1887 (Year)
8. AGE: Years 54 Months 7 Days 23 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Keysmith and Owner
11. Industry or business Roberts Key & Lock Shop
FATHER
12. Name William Roberts
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Kuy Kendall
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Maude Roberts
(b) Address 3615 East 33 st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director D. K. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-14-41 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th year 1941 hour 7.00 minutes 50 P.M.
21. I hereby certify that I attended the deceased from Oct 24th, 1941, to Nov 12th, 1941; that I last saw him alive on Nov 12th, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion — Duration sudden
Due to Cerebral Thrombosis
Due to
Other conditions (Include pregnancy within 3 months of death) G.I.W.
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 Harmon S. Mayer (M. D. or other)
Address 3100 Euclid ave KC Mo Date signed 11/12/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 KC Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**