

Registration District No.

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 405 No. 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John A. Roberts

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 Divorced Widowed

6. (b) Name of husband or wife Millie 6. (c) Age of husband or wife if alive Dead 24 years

7. Birth date of deceased November 24, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Cedar County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business None

MOTHER FATHER { 12. Name Louis P. Roberts 13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary McMannas 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Quinn (Step-Son)

(b) Address 2336 So. 6th St., City.

17. (a) Burial (b) Date thereof 6/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Hall

18. (a) Signature of funeral director [Signature]

(b) Address 605 [Address]

19. (a) 6-1-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1942 hour 8 minute P.M.

21. I hereby certify that I examined the deceased from May 31 1942 to 1942
that I last saw him alive on 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage with
Due to: Ten Arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: [Signature]

Of autopsy: [Signature] 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 Car
23. Signature [Signature] (M. D. or other)
Address 404 No 3rd Date signed 5/3/42

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.....

..... Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No..... 3986

P. O. Address..... 6054 Pryor Ave.,
St. Joseph, Missouri

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.