

Registration District No. 149

Primary Registration District No. 1002

314

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

1. PLACE OF BIRTH:

(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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 10 years
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. 118 1/2 St. Armour
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lucy Roberts

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Letcher Roberts 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 1, 1890
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____
12. Name Louis Romasser
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Pope 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Romasser
(b) Address 118 1/2 St. Armour
17. (a) Removal (b) Date thereof 1-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maryville Mo

18. (a) Signature of funeral director Richard W. Paden
(b) Address 20 West Lenwood
19. (a) 1/20/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day JAN.
year 1943 hour 1:41 PM minute _____ M.
21. I hereby certify that I attended the deceased from Dec. 22nd
1942 JAN. 21 1943;
that I last saw her alive on 1/21/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Pneumonia 2dy
Chr. Valvular Heart Disease
Due to _____
Due to 92D

Other conditions Acidemia, grippe (acute)
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Emmet J. Keenan
Address 1010 Professional Bldg. Date signed 1/21/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.