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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Summers
State File No. 15449

FILED FEB 27 1943

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 727

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2942 Brookline (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2942 Brookline (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: ____

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3. (a) PRINT FULL NAME: George H. Roberts
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Alice G. Roberts
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: April 5, 1854 (Month) (Day) (Year)
8. AGE: Years 88 Months 10 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace: New York City (City, town, or county) (State or foreign country)
10. Usual occupation: Court Reporter
11. Industry or business: retired
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Alice G. Roberts
(b) Address: 2942 Brookline
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 2-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiawatha, Kans.
18. (a) Signature of funeral director: H. Tigerman
(b) Address: Kansas City, Mo.
19. (a) 2/11/43 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1943 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8-1 1942 to 2-10 1943 that I last saw him alive on 2-10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Old age	
Due to: Malnutrition	
Due to: Nephritis	
Other conditions: None (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? ____ (Specify type of place) While at work? ____ (e) Means of injury: ____
23. Signature: C. B. Summers (M. D. or other)
Address: 222 Plaza Theatre Date signed: 2-11-43

(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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Rigerman

Licensed Embalmer No. 2744

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.