

FILED JUN 24 1943
 Registration District No. **149**

Primary Registration District No. **1002**

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

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: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo 22 days
 (Specify whether Day)
 In this community Doyle
 years, months or days)

3. (a) PRINT FULL NAME Thomas Roberts, Jr.
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race Wh 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN 1 1860
 (Month) (Day) (Year)

8. AGE: 83 Years 4 Months 25 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation R. R. Construction, Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name No Record
 13. Birthplace " " " 9
 (City, town, or county) (State or foreign country)
 14. Maiden name " " "
 15. Birthplace " " " 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Helping Hand Inst.

(b) Address 23 Grand Ave. K.C. Mo

17. (a) Burial (b) Date of report JUNE 3, 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
Celavany

(c) Place: burial or cremation _____

18. (a) Signature of informant Walter J. ...

(b) Address 2337 Montross Pl. K.C. Mo

19. (a) 6-2-43 (b) M. H. Brown
 (Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **2**
 (If outside city or town limits, write "RURAL") **P**
 (d) Street No. Helping Hand (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
 year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 4 1943 to May 26 1943
 that I last saw him alive on May 26 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of prostate

Due to _____ **51B**

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)
 (a) Means of injury _____
 23. Signature Dwight R. Thorne (M. D. or other) _____
 Address _____ Date signed _____

06

1906

1 1906

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Independence 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.