

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6295**
Registrar's No. **932**

FILED MAR 6 1944
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wheatley Provident Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months**
In this community **20 years** (Specify whether 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. **2460 Wabash**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mattie Roberts**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **491-20-3326**

4. Sex **Fe** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Earl Roberts**
6. (c) Age of husband or wife if alive **19** years
7. Birth date of deceased **November 19, 1907**
(Month) (Day) (Year)

8. AGE: Years **36** Months **3** Days **2**
If less than one day hr. min.

9. Birthplace **Miss. 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Beautician**

11. Industry or business

MOTHER FATHER

12. Name **Truman Hundley**

13. Birthplace **Miss. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie**

15. Birthplace **Miss 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Velma Hundley Cockrell**
(b) Address **2460 Wabash**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/26/44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Hatkins Bros.**
(b) Address **1729 Lydia**

19. (a) **2-26-44** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21** year **1944** hour **6:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 22** to **Feb 21**, 19**44**
that I last saw h. **alive** on **Feb 21** and that death occurred on the date and hour stated above.

Immediate cause of death **Felvic carcinoma**
Reptained appendicitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Reptained appendicitis**
Of operations **Felvic carcinoma**
Of autopsy **1300**

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) (c) Means of injury

23. Signature **D. E. Brown** (M. D. or other) Address **1612 212** Date signed **2/26/44**

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

D. J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.