DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10093

State File No.

FILED APR 6 1944

Registration District No. 6 1944/9

Primary Registration District No. 1002

Registrar's No. 1252

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: ST. LUKE'S HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-DAYS (Specify whether
In this community 44 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. 3600 WOODLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Mr ANDREW THURSTON Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. CLARA C. ROBERTS

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased NOVEMBER (Month) 5 (Day) 1865 (Year)

8. AGE: Years 78 | Months 4 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace CENTRALIA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation OPERATOR

11. Industry or business CONFECTIONERY STORE

FATHER
12. Name ALEXANDER ROBERTS
13. Birthplace CENTRALIA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANGELA TODD
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. CLARA C. ROBERTS
(b) Address 3600 WOODLAND AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 21 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1944 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from Feb. 14, 1944, to March 19, 1944 that I last saw him alive on March 18, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Empyema left chest	1 mo
Due to Broncho pneumonia	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy As stated above

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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) None
(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 Kenneth A. Davis (M. D. or other) M.D
Address 201 Plaza Theater Bldg Kansas City, Mo Date signed 3-19-44

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(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.....

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

working under my personal supervision.

Signed A. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.