

U. S. No. 2
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rev. 5-17-39
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18203

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1944

Registration District No. _____

Primary Registration District No. 3026

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence, Sanitarium 0
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 804 Glenwood 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) X
If yes, name country _____

3. (a) PRINT FULL NAME ROBERTA DEE BEERY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 15 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 15 min.

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Robert Donald Beery

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Norma Masden

15. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norma Masden

(b) Address 804 Glenwood, K. C. Mo.

17. (a) Burial (b) Date thereof May 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 5-16-44 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 15, 1944, to May 15, 1944.

that I last saw him alive on May 15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Premature Duration 6 mo

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 159

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)

(e) Means of injury _____

23. Signature James W. Ross (M. D. or other) _____
Address Fairmount, Mo. Date signed 5/16/44

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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.....

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.