S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1945

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3232

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3931 Walnut Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME PAUL A. ROBERT SR.

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-0395

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Suzanne D. Robert

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

7. Birth date of deceased February (Month) 27 (Day) 1880 (Year)

8. AGE: Years 65 Months 5 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Baker

11. Industry or business Cunningham Grocery Company

FATHER
12. Name Jules Robert
13. Birthplace ..... (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Philip C. Robert
(b) Address 3931 Walnut Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 / 2 / 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 8-1-45 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 St.
year 1945 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from July 7, 1945, 19..., to July 31, 1945, 19...;
that I last saw him alive on July 31, 1945, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 days.
Due to Carcinoma of head of Pancreas c̄ metastasis to the Liver	Indefinite Approximately April, 1945
Due to	
Other conditions - (Include pregnancy within 3 months of death) 46 g	

Major findings:
Of operations C.H. of head of Pancreas c̄ metastasis to Liver
Of autopsy C.H. of head of Pancreas c̄ metastasis to Liver

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 S. Schaefer M. (M. D. or other) M.D.
Address 3937 Main, R. A. 2, Mo. Date signed 7/31/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schoffee
3937 Miami
3:30 pm

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City 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.