

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999
(c) City or town Rural (If outside city or town limits, write "RURAL") 14
(d) Street No. 1 mile east of Wathena, Ks (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 2
If yes; name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1946 hour 10 minute 15 am

21. I hereby certify that I attended the deceased from Jan. 28th 1946 to Jan 29th 1946
that I last saw her alive on Jan. 29th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: meningitis Duration 40 hrs
Due to Streptococci
Infection middle ear 10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 John G. Swartz (M. D. or other) _____
Address Wathena, Kan Date signed 1.29.46

3. (a) PRINT FULL NAME Elizabeth Maude Roberts
(b) If veteran, name war no
(c) Social Security No. none

4. Sex F Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Roberts
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 15, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 15 hr. _____ min. _____

9. Birthplace Ravenwood, W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Rardon
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lodema Romaine
15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vernon Wilson
(b) Address Wathena, Kans.
17. (a) removal (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kans

18. (a) Signature of funeral director Clark Mortuary
(b) Address 6025 King Hill
19. (a) Feb. 1, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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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. Seeds*

Licensed Embalmer No. *2023*

P. O. Address *Wathena, Kans*

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.