

No. 2
4-5-43
5-17-39
I X36871

State File No.

FILED JULY 2 1946

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2682

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 21 days
(Specify whether
In this community 35 yrs.
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") 8
(d) Street No. 1715 Kansas Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME Walter Roberson

3. (b) If veteran, name war No 3. (c) Social Security No unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13,
year 1946 hour 9: minute 15P. M.

21. I hereby certify that I attended the deceased from February
22, 1946 to June 13, 1946;
that I last saw him alive on June 13, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetic Acidosis Duration

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Roberson 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 26, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 17
hr. min.

Due to Diabetes Mellitus

Due to

9. Birthplace Baxter Spring Kansas
(City, town, or county) (State or foreign country)

Other conditions Hypertensive Type Heart Disease
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Of operations

11. Industry or business

12. Name Elijah Roberson

Of autopsy (61)
Underline the cause to which death should be charged statistically.

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

14. Maiden name Zeddie Walker

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 6/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter B. Rice

(b) Address 1739 S. Lydia Lane

19. (a) 6-17-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

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 E. O. Smith (M. D. or L.D.) 3

Address General Hospital No. 2 Date signed 6/14/46

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

MOTHER FATHER

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..... *J. Jerome Menlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Bedford*

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.