

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel M. Roberts
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO ONE

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Roberts
 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased Sept 6 1893
 (Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 10
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name Thomas Wrighton
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Atkin
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Roberts
 (b) Address Denton, Kans.
 17. (a) Removed (b) Date thereof 12/19/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Denton, Kans.

18. (a) Signature of funeral director W. H. Carr
 (b) Address Denton, Kans.
 19. (a) 12-17-46 (b) H. S. Jenkins
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Danforth
 (c) City or town Denton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
 year 1946 hour 9 minute 35 P M.
 21. I hereby certify that I attended the deceased from Nov 1945
 _____, 19____, to Dec 16, 1946
 that I last saw her alive on Dec 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
 Due to Carcinoma of the fundus of the uterus
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 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) Means of injury _____
 23. Signature J. S. Motherhead (M. D. or other)
 Address Denton, Kans. Date signed 12-16-46

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..... *E. J. Kamm*

Licensed Embalmer No. *3532*

P. O. Address *Tracy Kansas*

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.