

No. 2
-12-45
5-17-39
1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 15 1947
Registration District No. _____

Primary Registration District No. 5575

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
138th and Belmont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 138th and Belmont
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John W. Roberts

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Belle Roberts

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased December 8 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 0 8 hr. min.

9: Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Coal Dealer

12. Name Alfred Roberts

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

14. Maiden name Unknown

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

16. (a) Informant Guy Roberts

(b) Address 3600 Hunter Road

17. (a) Burial (b) Date thereof 12/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th Street

19. (a) 12/24/46 (b) Dr. Anna E. Hedge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1946 hour 1 minute 38 P. M.

21. I hereby certify that I attended the deceased from 12-11, 1946 to 12-16, 1946
that I last saw h. im alive on 12-16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypospastic Pneumonia Duration _____

Due to Cerebral Hemorrhage 5 Days

Due to _____

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

Major findings:
Of operations 83P

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 2

23. Signature R. J. West (M. D. or other) Dr. D.
Address RFD #1 Grandview Mo Date signed 12-16-46

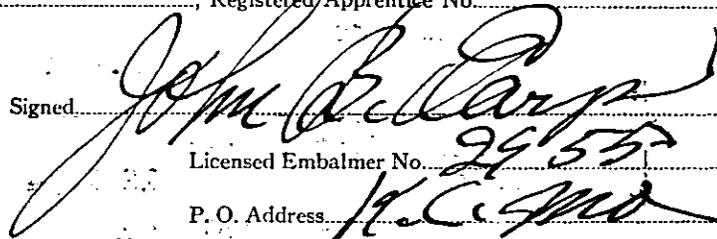
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....
Licensed Embalmer No. 24557.....
P. O. Address H.C. Camp.....

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.