

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21162

FILED JUL 14 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2781

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

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether in this community _____ years, months or days) 25 Years

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. 1707 West 40th St. 8
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Ellen Roberts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife C. F. Roberts

6. (c) Age of husband or wife if alive 85 yrs. years

7. Birth date of deceased October 29, 1871
(Month) (Day) (Year)

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

75	8	0	hr. _____ min.
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9. Birthplace Hardin Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Unknown Blair

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

14. Maiden name Hester Sheldon

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

16. (a) Informant Mrs. Bess McNaught

(b) Address Eldora, Iowa

17. (a) Burial (b) Date thereof 7/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem. Warrensburg, Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kans.

19. (a) 6-30-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1947 hour 5:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-2-47 to 6-28-47

that I last saw her alive on 6-28-47 and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis, generalized Duration 2 Wks

Due to ruptured gall bladder 3 Wks

Due to Cholelithiasis (stones) 3

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: ruptured gall bladder generalized peritonitis

Of operations _____

Of autopsy _____

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? no.

White at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature JAMES A. JAMES (M. D. or other) _____

Address Kansas City, Mo Date signed 6/30/47

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

MOTHER FATHER

Dr. James Jarvis

Prof. Bldg.

Vi. 1368

1 to 4 '36

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.....

Wm. Ward

Licensed Embalmer No. 3991

P. O. Address. 308 East 68th St

X P.M.O.

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.