S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27907

FILED AUG 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3532

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: 1015 Spruce /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
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")

(d) Street No. 1015 Spruce 8
(If rural, give location)

(e) Citizen of foreign country? no - (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NANNIE E. ROBERTS

3. (b) If veteran, name war no-

3. (c) Social Security No. none

4. Sex fe /

5. Color or race white

6. (a) Single, widowed, married, divorced mar /

6. (b) Name of husband or wife Edwin M.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 18 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days ~~28~~ 27 If less than one day ..... hr. ..... min.

9. Birthplace Ashland Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Tyra Roberts
13. Birthplace Ashland Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sally Ellen Smith
15. Birthplace Ashland Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin M. Roberts
(b) Address 1015 Spruce

17. (a) Removal (b) Date thereof 8-17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 8-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from April 1, 1947 to Aug 15, 1947; that I last saw her alive on Aug 13, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	10 days
Due to: Cerebral Hemorrhage	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature R L St Clair (M. D. or other)

Address 5242 St John Date signed 8/16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. St. Clair

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K C Mo

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.