

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Memorial Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 (Specify whether years, months or days) **20 y. 8 m.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **314 Harrison**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **MRS. HELENA ROBERTS.**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **# unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **26**
 year **1947** hour **11** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **Sept 24**
19 47 to **Sept 26** **19 47**
 that I last saw her alive on **Sept 26** **19 47**
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **W.H.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Fred R. Roberts**
6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **August 7, 1912**
 (Month) (Day) (Year)

Immediate cause of death **Brain tumor (probably Carcinoma)**
 Due to **Primary of rt breast removed 2 yrs previous**
 Due to **metastasis**
 Other conditions **50**
 (Include pregnancy within 3 months of death)

8. AGE: Years **35** Months **2** Days **19 1/2**
 If less than one day hr. min.

Major findings of operation **Carcinoma rt breast (History)**
 Of autopsy **Carcinoma of brain & metastasis**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace **Clyde Kansas**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Sales lady**
11. Industry or business **Woolworth, K.C.Mo.**

12. Name **John F. Byrne**
13. Birthplace **Clyde Kansas**
 (City, town, or county) (State or foreign country)
14. Maiden name **Alma E. Yoder**
15. Birthplace **Clyde Kansas**
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant **Fernal E. Cowan**
(b) Address **Manhattan, Kansas**
17. (a) Removal **9-27-47**
 (Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation **Clyde, Kansas**

While at work? (Specify type of place)
 (e) Means of injury
23. Signature **Abrian Johnson** (M. D. or other)
Address **350 E. Almon** **Date signed** **9-27-47**

18. (a) Signature of funeral director **Clates August Hawk**
(b) Address **Kansas City, Kansas**
19. (a) **9-30-47** **(b) Estalaine Holmes**
 (Date received local registrar) (Registrar's signature)

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. J. Ward*

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Terr
N.Y.C.

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.