No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31418

Registrar's No. 4113

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. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Week (Specify whether In this community years, months or days): 28 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 5022 Wyoming Street (If rural, give location) 8

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. PEARL EDNA ROBY

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Townsley N. Roby

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: September (Month) 29th (Day) 1893 (Year)

8. AGE: Years 53 | Months 11 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Charles L. Laurent
13. Birthplace: Nancy (City, town, or county) France (State or foreign country) 5

MOTHER
14. Maiden name: Unknown
15. Birthplace: Paris (City, town, or county) France (State or foreign country) 5

16. (a) Informant: Townsley N. Roby
(b) Address: 5022 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 - 30 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 9-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw h. alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myleogenous leukemia	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 74a
Of autopsy: Same

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: E. C. H. Schmidt (M. D. or other)
Address: St. Luke's Hospital Date signed: 27 Sept 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.