S. No. 2
M—2-43
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I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19641

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2484

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: Niagra Pool 81th and Troost Ave. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 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. 3314 Michigan 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bruce Lynn ROBERTS

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 27, 1938 (Month) (Day) (Year)

8. AGE: Years 9 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Marshfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation School boy
11. Industry or business

FATHER
12. Name Vernon E. Roberts
13. Birthplace Wahoo (City, town, or county) Neb. 1 (State or foreign country)

MOTHER
14. Maiden name Willa M. Brittan
15. Birthplace Anselmo (City, town, or county) Neb. 1 (State or foreign country)

16. (a) Informant Vernon E. Roberts
(b) Address 3314 Michigan K.C. Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery Crem.
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.
19. (a) 6-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1948 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 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 Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 183 36	

Major findings:
Of operations
Of autopsy no
History & Inspection

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) accident
(b) Date of occurrence 6-12-48
(c) Where did injury occur? KC Jackson (City or town) (County) (State) no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury Drowning

23. Signature James Walker 3 (M. D. or other) Coroner
Address 1424 [illegible] Date signed 6-13-48

(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. Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address. Kansas City, 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.