

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23199

FILED AUG 11 1951

State File No. _____

2821

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | c. LENGTH OF STAY (in this place) <u>—</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3918 CHARLOTTE STREET</u> | | d. STREET ADDRESS (If rural, give location) <u>3918 Charlotte</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> | b. (Middle) <u>Luella</u> | c. (Last) <u>Roberts</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-51</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>March 26, 1873</u> |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 11. BIRTHPLACE (State or foreign country) <u>Milan, Missouri</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm. T. Moore</u> | 13b. MOTHER'S MAIDEN NAME <u>Rachel Ellis</u> | 14. NAME OF HUSBAND OR WIFE <u>Francis A. Roberts</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Harold M. Roberts</u> | ADDRESS <u>10055 Brentwood</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Senile Change</u> | | <u>10 years</u> |
| | DUE TO (c) <u>Chr. Rheumatoid Arthritis</u> | | <u>35 years</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <u>570</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1942 to 7-2, 1951, that I last saw the deceased alive on 7-1, 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

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|---|----------------------------------|--|---|
| 23a. SIGNATURE <u>Frank B. Deitz</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1530 Prof. Bldg Kansas City, Mo</u> | 23c. DATE SIGNED <u>7-2-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u> | 24b. DATE <u>7-3-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newcomer's Sons</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |

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|---|---|--|---|
| DATE REC'D BY LOCAL REG. <u>7-3-51</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> | ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address Cashland, 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.