No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14462

State File No. .....

BIRTH NO. FILED MAY 8 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2073

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

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6019 E. 15th Terr.

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): WILLIAM
c. (Last): ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 11, 1886
9. AGE (In years last birthday): 67 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator operator
10b. KIND OF BUSINESS OR INDUSTRY: #1 K. C. Pol. Sta.
11. BIRTHPLACE (City and State or Foreign Country): Cape Town, So. Africa. 9
12. CITIZEN OF WHAT COUNTRY?: U. S. Nat.

13a. FATHER'S NAME: Meredith Roberts
13b. MOTHER'S MAIDEN NAME: Elizabeth Evans
14. NAME OF HUSBAND OR WIFE: Frances M. Roberts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-09-0643
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. F. M. Roberts K. C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis, bronchopneumonia, pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Mania — 8 days
DUE TO (c) ——

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Exhaustion — 3010

19a. DATE OF OPERATION: April 3
19b. MAJOR FINDINGS OF OPERATION: Gastric ulcer
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 10, 1953, *to* April 16, 1953, *that I last saw the deceased* ✓ *alive on* April 16, 1953, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE B. Landis Elliott (Degree or title): B. Landis Elliott M.D.D.
23b. ADDRESS: 1418 Professional Bldg. K. C. Mo.
23c. DATE SIGNED: April 18 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sheil Funeral Home K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Table 2-34

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Edward B. Merritt, Student Embalmer No. 480

working under my personal supervision..

Student Edward B. Merritt
Signature of Student Embalmer

Signed J. P. Sheil

Licensed Embalmer No. 362

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.