

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30795

State File No.

4306

FILED OCT 7 1954

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) Earl Hotel					
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) R.		c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) 9 3 1954			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Mar. 29, 1895		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Ottawa, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Chas. A. Trabert		13b. MOTHER'S MAIDEN NAME Winnie Clark		14. NAME OF HUSBAND OR WIFE no record					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Buckley, Emporia, Kansas.					
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) Perinephritic abscess ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ↑ DUE TO (c) ↑ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip				INTERVAL BETWEEN ONSET AND DEATH CA 30 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 24 1954 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped on rug.					
22. I hereby certify that I attended the deceased from <u>Aug. 29</u> , 19 <u>54</u> , to <u>Sept. 3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept. 3</u> , 19 <u>54</u> , and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE B.I. Burns				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-7-54			
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial		24b. DATE Sept. 8/54.	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Jackson County, Mo.				
DATE REC'D BY LOCAL REG. 9-8-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Gerson		ADDRESS Independence, Mo.			

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

JUL 13 1956

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.....
Signature of Student Embalmer

Signed..... *L. E. Brown*

Licensed Embalmer No. *42*

P. O. Address *Indep*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.