

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30285**  
Registrar's No. **3867**

FILED OCT 9 1944

Registration District No. **169**

Primary Registration District No. **1002**

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

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

(d) Length of stay: In hospital or institution **1 month**  
(Specify whether **0**)

In this community **4 years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Bruce, Bruce Robertson,**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Dorothea Ann**

6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **May 16 1913**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>31</b>	<b>4</b>	<b>7</b>	hr. min.

9. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **X**

MOTHER FATHER

12. Name **William** **Unknown, Robertson**

13. Birthplace **unknown,** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown,**

15. Birthplace **unknown, 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorothea Ann Robertson,**

(b) Address **Mayfair Hotel, Kansas City, Mo.**

17. (a) **Cremation** (b) Date thereof **9-25-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-25-44** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 47**

(c) City or town **Kansas City, 2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Mayfair Hotel, Linwood & Tracy**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X** **11**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23rd**  
year **1944** hour **A.** minute **M.**

21. I hereby certify that I attended the deceased from **12 - 12 - 1944** to **9 - 23 - 1944**  
that I last saw him alive on **9 - 22 - 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary infarction - 14 days**

Due to: **Auricular fibrillation - 6 weeks**  
**Auricular thrombus - 4 weeks**

Due to: **mitral stenosis - 1 year**

Other conditions: **92 15**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy: **Auricular thrombus**  
**Pulmonary infarction -**

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? \_\_\_\_\_

23. Signature **Prohman Asher** (M. D. or other) **MD**  
Address **1720 Prof. Bldg** Date signed **9-25-1944**  
(Specify type of place) (e) Means of injury **?**

Dr. Graham Asher, Prof. Bldg.,

1 P. O. Box

*J. Amos*

**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.....

*[Handwritten Signature]*

Licensed Embalmer No. *1460*

P. O. Address *1910 E. 1st St.*

**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.