

FILED AUG 4 1945

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3055

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:
46 East 55th Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, ?
(If outside city or town limits, write "RURAL")
(d) Street No. 46 East 55th Terrace, 7
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

Daniel H. Robertson,

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

3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Minnie G. Robertson 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March 17 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Livestock Man

11. Industry or business X

MOTHER FATHER

12. Name Daniel Hook Robertson
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Emily Thompson
15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Robertson,
(b) Address 1020 W. 59th St., K. C., Mo.

17. (a) Burial (b) Date thereof 7-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-21-45 (Date received local registrar)
Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1945 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from July 18 1945 to July 19 1945
that I last saw him alive on July 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 hr

Due to Myocardial Infarction & Hemiplegia

Other conditions (include pregnancy within 3 months of death) 94 2

Major findings: Of operations
Of autopsy

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)
(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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature J. Frank D. Gage (M. D. or other) MD
Address 35 Alameda St. Date signed 7-20-45

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

Drs. H. P. Boughnow and Frank Ridge.

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.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

N. C. 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.