

S. No. 2
M-5-43
5-17-39
X36671

FILED JUL 2 1946
Registration District No. 149

Primary Registration District No. 1002

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:
1009 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 26 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Robertson

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Femal 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James R. Robertson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 3 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Mark U. Corudisen

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mc Keen

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Robertson
(b) Address 1009 Jackson

17. (a) Burial (b) Date thereof June 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 6-19-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1946 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from
6/17, 1946, to _____, 19____
that I last saw he alive on 6/17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 1

Due to _____

Due to _____

Other conditions Chronic Valvular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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?

(Specify type of place) _____
While at work? At home (e) Means of injury _____
23. Signature R. A. Bell (M. D. or other) _____
Address 5400 S. 5th St. Phoenix Date signed 6/18/46

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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2008 BY 60322 JRM/STP
3-66-86 - pm -

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 Carlund J. Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.