

FILED FEB 7 1948

Registration District No. **149**

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 mos., 18 days**
(Specify whether years, months or days)
 In this community **50 years**

3. (a) PRINT FULL NAME **MYRTLE ROBERTSON**
 3. (b) If veteran, name war **no.**
 3. (c) Social Security No. **XX**

4. Sex **Fe.** / 5. Color or race **Wh.**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **Fred C. Robertson**
 6. (c) Age of husband or wife if alive **28** years
 7. Birth date of deceased **March 28 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **1**
 If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **self**

12. Name **Phillips**

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **not known**
" " " " (State or foreign country)

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Ezell**
 (b) Address **104 E. 79st. Terr.**

17. (a) **burial** (b) Date thereof **1/31/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Bentley Mortuary**

(b) Address **5811 Troost**

19. (a) **1-31-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3628 Brooklyn**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **29**
 year **1948** hour **12:35** minute **PM**
 21. I hereby certify that I attended the deceased from **Nov. 12** 19**47** to **1/29** 19**48**
 that I last saw her alive on **1/1** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Left iliac thrombosis with extension to the femoral**
 Due to **trauma**

Preceded by street car trauma fractured left hip

Other conditions **street car + pedestrian**
(Include pregnancy within 3 months of death)

Major findings: **1718**
 Of operations **17131**

Of autopsy **yes - as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Nov - 11 - 1947**

(c) Where did injury occur? **B.C. Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work? **not** (Specify type of place) **Street Car**
 (e) Means of injury **Street Car**

23. Signature **V. Deel** (M. D. or other) **D**
 Address **141-50-44th** Date signed _____

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..... *Gary Buffington*.....
Licensed Embalmer No..... *2756*.....
P. O. Address..... *1207th*.....

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.