

U.S. No. 3906
M-10-47
Rev. 5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16643
Registrar's No. 93

FILED MAY 23 1948
Registration District No. 180

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Home for Aged, White
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 104.11 mths. 6 d.
In this community 52 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town 547 Walnut
(If outside city or town limits, write "RURAL") 3
(d) Street No. Kansas City, Mo.
(If rural, give location) 8
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME WALTER WILLIAM ROBERTSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-30-1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Blue Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer, retired

11. Industry or business Independence Lumber Storage Co

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Jackson Co. Home, Records

(b) Address R.R. #4, Indip. Mo.

17. (a) BURIAL (b) Date thereof MAY 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation QUINARO CEM., K.C., K.

18. (a) Signature of funeral director G. C. Carson

(b) Address Independence, Mo.

19. (a) May 10, 1948 (b) Donald C. Carson
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1, 1948 to May 7, 1948
that I last saw him alive on May 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)

(e) Means of injury _____

23. Signature J. N. Greene (M. D. or other) _____

Address Independence, Mo. Date signed 5/8/48

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

MOTHER FATHER

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 Donald W. Hanks

Licensed Embalmer No. 45-28

P. O. Address Independence

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.