

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19403

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2601</u>					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>925 Forest</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>											
3. NAME OF DECEASED (Type or Print) <b>Robert</b>			a. (First)			b. (Middle)		c. (Last) <b>Atkinson</b>			
4. DATE OF DEATH <b>6 14 1949</b>		(Month)		(Day)		(Year)					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 1 1875</b>		9. AGE (In years last birthday) <b>73</b>			
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 WKS. Hours		IF UNDER 2 WKS. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman, Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cotton Industry</b>			11. BIRTHPLACE (State or foreign country) <b>No Record</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>No Record</b>			13b. MOTHER'S MAIDEN NAME <b>No Record</b>			14. NAME OF HUSBAND OR WIFE <b>Julia Atkinson ATKINSON</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Adith Nichols</b>			ADDRESS <b>Kansas City, Mo</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>											
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 24</u> , 19 <u>49</u> , to <u>June 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>49</u> , and that death occurred at <u>8:20A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)					23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>			23c. DATE SIGNED <b>6-16-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 16 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>6-16-49</b>		REGISTRAR'S SIGNATURE <b>Rosaline Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster, Kansas City, Mo</b>						

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

*A. Vande*

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed..... *Law Clark*  
Student Embalmer No.....  
Licensed Embalmer No. *4216*  
P. O. Address *A. S. 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.