

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19759

BIRTH NO. 35045-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2426

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo. b. COUNTY Jackson Co.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 3717 East 21st Street

3. NAME OF DECEASED

a. (First) Mary b. (Middle) Patricia c. (Last) Roberson

4. DATE OF DEATH (Month) (Day) (Year) 6-1-49

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 5-29-49

9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 3 IF UNDER 4 HRS. Days 3 Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kansas City Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Nolan F. Roberson

13b. MOTHER'S MAIDEN NAME Margaret H. Powers

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nolan F. Roberson 3717 East

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 776X

DUE TO (c) 776X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29-1949, to 6-1-1949, that I last saw the deceased alive on 6-1-1949 and that death occurred at 10:50 m., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Gilkey (Degree or title) M. D.

23b. ADDRESS 1624 Prof. Bldg.

23c. DATE SIGNED 6-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/3/49

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo

DATE REC'D BY LOCAL REG. 6-3-49

REGISTRAR'S SIGNATURE Thelma Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Amie Robin 20th Linwood

ADDRESS

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

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Signed Maude Adair.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4016.....

P. O. Address 2011 Linwood.....

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.