

FILED MAR 11 1940
399MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5402

Registration District No.

Primary Registration District No. 1002

Registrar's No.

627

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:
General Hospital 6618 E 16th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether

In this community

years, months or days

4 1/2 years

(Specify whether

8. (a) PRINT
FULL NAMEHELMMA ROBERTSON

8. (b) If veteran,

name war

no

8. (c) Social Security

No. no

4. Sex

fe

5. Color or

race

whit

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Robertson Oscar

6. (c) Age of husband or wife if

alive 55 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8151896

8. AGE:

Years

Months

Days

If less than one day

43524

hr.

min.

9. Birthplace

Wallerstein Iowa

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

no

12. Name

Don Stanley

13. Birthplace

no record

(City, town, or county)

(State or foreign country)

14. Maiden name

no record

15. Birthplace

no record

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Oscar Robertson

(b) Address

6618 E 16th St

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof

(Month) (Day) (Year)

21240

(c) Place: burial or cremation

Wm. Washington Cem

18. (a) Signature of funeral director

John P. Lohr

(b) Address

6006 Lindbergh Ave. K.C. Mo

19. (a)

(Date received local registrar)

Feb. 11, 1940

(b)

(Registrar's signature)

M. M. Croser

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town K.C.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6618 E 16th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1940 hour 10 minute 20 P.M.21. I hereby certify that I attended the deceased from
1937 to 1940
that he was alive on Feb 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of the left tibia and
fibula
Pulmonary congestion

Due to

Due to

Other conditions
(Include diagnosis within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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

- (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 2-5-40
 (c) Where did injury occur? Wallerstein K.C. Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Do not know
 (Specify type of place) (Means of injury)
 While at work?
 23. Signature John P. Lohr
 Address K.C. Mo 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.