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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41228

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4621

1. PLACE OF DEATH:
(a) County Jackson 1
(b) City or town K. C. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-30-40 to 12-3-40 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8835 Winter Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Robert Arthur Michael
Robert Arthur Michael
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept (Month) 27 (Day) 1940 (Year)

8. AGE: 0 Years 2 Months 6 Days | If less than one day ..... hr. ..... min.
0 2 6

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business 0
FATHER
12. Name Robert Michael 0
13. Birthplace Washburn (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Helen Tryon
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Robert A. Michael
(b) Address 8835 Winter Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) 12-4-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1940 hour 4:35 minute P.M.
21. I hereby certify that I attended the deceased from 11-30-40, 1940 to 12-3-40, 1940 that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Bilateral Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W B Soderberg (M. D. or other)
Address 1316 Bryant Bldg. Date signed Dec 3 40

(Licensed Embalmer's Statement on Reverse Side)

K.C. Burnt

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 Ralph E. Miller

Licensed Embalmer No. 4124

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.