

FILED DEC 10 1941

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1001**

Registrar's No. **1157**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hosp. 422  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 years  
(Specify whether  
In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 322 North Kensington  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME KENNETH ROBERTSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 21 1917  
(Month) (Day) (Year)

8. AGE: Years : Months Days If less than one day:  
24 24 8 8 7 hr. 10 min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David A. Robertson  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Dora Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nadine Grantella

(b) Address 322 North Kensington, K.C. Mo.

17. (a) Removal (b) Date thereof 12-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Steve - McElroy

(b) Address Kansas City, Mo.

19. (a) Nov 24, 1941 (b) D. J. Residebaum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 7, 1941, to Nov. 28, 1941;  
that I first saw him alive on Nov. 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 138  
(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) No

(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? X

While at work? (Specify type of place) (e) Means of injury 16

23. Signature David Edwards (M. D. or other) MD

Address St. Joseph Mo Date signed 11-29-41

WRITE PLAINLY—USE UNFADING 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, 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, fact should be so stated above.**