S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29548

State File No. 29548

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3581

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether years, months or days)

In this community: 6 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: 1008 Grant Street, Carthage Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 1008 Grant
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---

3. (a) PRINT FULL NAME: Dorothy Dean Robertson

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ---

6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: September (Month) 4 (Day) 1931 (Year)

8. AGE: Years 11 | Months 0 | Days 24 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: 6th Grade Student

11. Industry or business: Mark Twain School-Carthage, Mo.

FATHER
12. Name: Lawrence D. Robertson
13. Birthplace: Webb City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Pauline Miller
15. Birthplace: Mexico (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. Lawrence D. Robertson
(b) Address: Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 29, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage, Missouri

18. (a) Signature of funeral director: O. H. Newcomer & Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 9-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-28-42, 19__, to 9-28-42, 19__; that I last saw her alive on 9-28-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute anterior poliomyelitis	
Due to: 2b	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: See above

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: Henry R. Shorn (M. D. or other)
Address: Asst. Dir. K.C. General Hospital Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.