

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 2 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 21 East 30th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Melissa Robertson

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

4. Sex Fe 5. Color of race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. A. Robertson 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 17 1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 23 If less than one day
hr. min.

9. Birthplace Nova Scotia Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER } 12. Name No Record
13. Birthplace " " 9
(City, town, or county) (State or foreign country)
14. Maiden name " " 9
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Robertson
(b) Address 21 East 30th St.

17. (a) Burial (b) Date thereof 12-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J.W. Wegner
Kansas City, Mo.

(b) Address
19. (a) 12-11-42 (b) M. H. Croone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th
year 1942 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12-8-42, 19... to 12-10-, 19 42
that I last saw h...er alive on 12-10-42, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPOSTATIC BRONCHOPNEUMONIA

Due to SENILITY

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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..... (Specify type of place) (M. D. or other)

23. Signature Dr. R. H. Pen (M. D. or other)
Med. Dir. K.C. Gen. Hospital
Address Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address. Kansas City, Missouri

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.