

FILED AUG 14 1940

149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3349

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

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:
3610 Gladstone /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3610 Gladstone
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBERT PATTON HIGH

3. (b) If veteran, name war World War 3. (c) Social Security No. 493-12-5814

4. Sex Male 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 June 2 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Roller

11. Industry or business Sheffield Steel Mill

12. Name S. Y. High

13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Bessie High Green

(b) Address 608 W. College, Independence,

17. (a) Burial (b) Date thereof August 2, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 8-2-43 (b) P. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 24-43 to July 30-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Asthma Duration 3 days

Due to Chronic Endocarditis years

Due to Arterio Sclerosis

Other conditions 92d

Major findings: Of operations _____

Of autopsy ✓

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? _____

23. Signature P. E. Brown (M.D. or other) _____

Address 409 Cambridge St. C.M. Date signed 7-31-43

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 *H. Blackman*

Licensed Embalmer No. 224A

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.