. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23859

Registrar's No. 2882

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:
4400 Indiana,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 28 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4400 Indiana,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Rev. Johnston Robertson,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Nellie Rucker Robertson,

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 2 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	6	hr. min.

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

10. Usual occupation Retired Minister,

11. Industry or business x

FATHER
12. Name J. J. Robertson,
13. Birthplace Scotland, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Rucker Robertson,
(b) Address 4400 Indiana, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-11-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8 day ~~2nd~~
year 1944 ~~1865~~ hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from July 1942 to July 8 1944
that I last saw him alive on July 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis - more than 2 yrs
Malignant Hypertension
Due to Infantile of the aged
Congestive Heart Failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 e 2

Of autopsy

Duration

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 0

23. Signature John G Lapp (M. D. or other) M. D.

Address 1304 Professional Bldg Date signed July

(Licensed Embalmer's Statement on Reverse Side)

Dr. John G. Lapp,

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 E. M. Plank

Licensed Embalmer No. 1848

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.