

FILED NOV 20 1944
Registration District No. 727

Primary Registration District No. 1002

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: General Hospital #2
(If not in hospital or institution, write street number or location)

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

In this community about 5 years

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. 3821 Baltimore,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Lucille Robertson

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

4. Sex 3 female 5. Color or race negro

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

6. (b) Name of husband or wife James Robertson 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 8, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 2 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Hallom

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

14. Maiden name Ada Morrison

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

16. (a) Informant James Robertson
(b) Address 3821 Baltimore, K.C.Mo.

17. (a) Burial (b) Date thereof Nov. 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 11-6-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1944 hour 4 PM minute M.

21. I hereby certify that I attended the deceased from May 27 - 1944 to Oct. 31 - 1944
that I last saw him alive on Oct. 31 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decompensation
trans
Heart Disease

Due to Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 302

Major findings: _____
Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

23. Signature P. E. Brown (M. D. or other)
Address Lucille, #2 Date signed 11/6/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 M. L. Casaday
Licensed Embalmer No. 3434
P. O. Address Holden, 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.