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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40060

FILED JAN 29 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 5289

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: 548½ Main St No 455 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 548½ Main St No 455 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Robert Dakin
3. (b) If veteran, name war: no
3. (c) Social Security No.: 467-07-8445
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: Sept (Month) — (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	–	hr. min.

9. Birthplace: Do not know (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Labor
11. Industry or business _____
FATHER 12. Name: Do
FATHER 13. Birthplace: Not (City, town, or county) a (State or foreign country)
MOTHER 14. Maiden name: Un
MOTHER 15. Birthplace: (City, town, or county) a (State or foreign country)
16. (a) Informant: Coroner Office
(b) Address: K C Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Houghton Michigan
18. (a) Signature of funeral director: Parentine Bros
(b) Address: Kansas City Mo
19. (a) 12-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1945 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to _____, 19...; that I last saw h... alive on _____, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 9401	
Major findings: Of operations:	
Of autopsy: Not Done Hodgkin + Impacted	

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: [illegible] (M. D. or other)
Address: 1424 [illegible] Date signed 12-17-45

(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 Francis Walton

Licensed Embalmer No. 2744

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.