S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13338

FILED MAY 6 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1958

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

12244

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: 5245 Ward Parkway /
(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 since 1903
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")

(d) Street No. 5245 Ward Parkway, 8
(If rural, give location) 0

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Margaret Elizabeth Gillid Robertson

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

3. (c) Social Security No. no.

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife Dr. J. Archie Robertson

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November (Month) 9 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	16	hr. min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name Dr. L. S. Mead
13. Birthplace Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Wand Barry
15. Birthplace Canada 2) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther R. Coffey

(b) Address 235 Ward Parkway, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 19.37, 19, to April 24, 1946;
that I last saw her alive on 4-24, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	Few hrs.
Inanition	30 days
Due to General Carcinomatosis (approx.)	2 mos.
Due to Carcinoma of Stomach (known)	4 mos.
Other conditions Hypertension (Include pregnancy within 3 months of death)	Several yrs.

46 b

Major findings:
Of operations Gastric Carcinoma

Of autopsy

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 Harold M. Roberts (M. D. or other) MD

Address 1103 Grand, K. C., Mo. Date signed 4-26-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold M. Roberts

Croff Bldg.

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 Robert H Reed

Licensed Embalmer No. 3745

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.