

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1934  
STANDARD CERTIFICATE OF DEATH

State File No. 23777  
2933  
Registrar's No.

Registration District No. 149 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  
(c) Name of hospital or institution:  
3717 FLORA AVENUE 1  
(d) Length of stay: In hospital or institution  
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(d) Street No. 3717 FLORA AVENUE 8  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Miss Linnie B. Robertson  
(b) If veteran, No (c) Social Security No. None  
(d) Sex Female (e) Color or race White (f) (g) Single, widowed, married, divorced Single  
(h) (i) Name of husband or wife (j) (k) Age of husband or wife if alive years  
(l) Birth date of deceased NOVEMBER 9 - 1859 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JULY day 1 ST year 1946 hour 10 minute 30 A. M.  
21. I hereby certify that I attended the deceased from June 19 1946 to July 1 1946 that I last saw her alive on June 30 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 7 Days 24 If less than one day hr. min.

Immediate cause of death Chronic nephritis & uraemic coma Duration 6 mos  
Due to

9. Birthplace JACKSON COUNTY MISSOURI (City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Other conditions Decondition, anemia 2 yrs (Include pregnancy within 3 months of death)  
Due to

11. Industry or business  
12. Name SAMUEL J. ROBERTSON  
13. Birthplace JACKSON COUNTY MISSOURI (City, town, or county) (State or foreign country)  
14. Maiden name JUDITH LEWIS BARNHILL  
15. Birthplace JACKSON COUNTY MISSOURI (City, town, or county) (State or foreign country)

Major findings: none  
Of operations  
Of autopsy none 1318  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Judith Taylor  
(b) Address 3717 + 20th  
17. (a) BURIAL (b) Date thereof JULY 3 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation BLUE SPRINGS, MO.  
18. (a) Signature of funeral director D. F. Newcomer's Sons  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 7-3-46 (b) Heraldine Holme (Date received local registrar) (Registrar's signature)

While at work (Specify type of place)  
(c) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address Kansas City, Mo. Date signed 7-2-46

709 Englund Body  
12.30.88

**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 Melvin Miller  
Licensed Embalmer No. 4407  
P. O. Address R.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.**