

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12642  
1639  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>5515 East 35th Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>GARFIELD</u>		c. (Last) <u>ROBERTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPTEMBER 28, 1894</u>			
9. AGE (In years last birthday) <u>46 54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MIAMI, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM ROBERTSON</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE GRAY</u>		14. NAME OF HUSBAND OR WIFE <u>MAMIE ROBERTSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-05-5361</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MAMIE ROBERTSON 5515 East 35th Street</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF ESOPHAGUS WITH METASTASIS TO LYMPH NODES, LIVER AND LUNG</u> ANTECEDENT CAUSES _____ MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4/11/</u> , 19 <u>49</u> to <u>4/12/</u> , 19 <u>49</u> that I last saw the deceased alive on <u>4/12/</u> , 19 <u>49</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) _____				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>4/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-13-49</u>		REGISTRAR'S SIGNATURE <u>Stallone Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter Ross 1729 Lydia</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

**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.