

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8776

State File No. \_\_\_\_\_

1265

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1265</u>	
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 township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>UNKNOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>2504 TROOST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPI TAL</u>				3428			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>ROBERTSON</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 15, 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 11, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WM. ROBERTSON</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA MARR</u>		14. NAME OF HUSBAND OR WIFE <u>GOULD E. JONES</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GOULD E. JONES 2504 TROOST</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Arteriosclerosis</u> <u>Arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		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>3-10</u> , 19 <u>50</u> , to <u>3-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Montgomery M.D.</u> (Degree or title)				23b. ADDRESS <u>Professor Bldg R.C.M.U.</u>		23c. DATE SIGNED <u>3/17/50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>		ADDRESS <u>KANSAS CITY, MO.</u>	

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

*Proff Bldg  
Mar 10 40*

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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.

Student \_\_\_\_\_  
Student Embalmer

Signed *S J Allen*

Licensed Embalmer No. *1415*

P. O. Address, *K Cho*

**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.