

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8970

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1018

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>77 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>3334 Tracy</u>		d. STREET ADDRESS (If rural, give location) <u>3334 Tracy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>F.</u> c. (Last) <u>Rooney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 23, 1872</u>	9. AGE (In years last birthday) <u>77 yrs</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY - WITH CHAS. F. JOHNSON</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.P. EXCHANGE BLDG.</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Rooney</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAISE GIBBONS</u>		ADDRESS <u>3334 TRACY AVE KANSAS CITY, Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured ascending aortic aneurysm</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lues</u>					
		DUE TO (c)					
		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 <u>0-2X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Aug., 1948, to March 1, 1950, that I last saw the deceased alive on Feb. 26, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Gramms</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>1102 E 47th KC. Mo</u>		23c. DATE SIGNED <u>3-3-50</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N.T. McMANIS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>3-4-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

Albert L. Savage
working under my personal supervision..

Student Embalmer No. *360*

Student *Albert L. Savage*
Student Embalmer *360*

Signed.....

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.