FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31100

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3663

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

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: 1303 Brushcreek Blv'd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no 3 (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Orange
(c) City or town Los Angeles
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mary M. Robinson
Mary A. Robinson
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife James Robinson 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August (Month) 11 (Day) - 1879 (Year)

8. AGE: Years 61 Months 1 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation Housewife 9
11. Industry or business 9
FATHER
12. Name No record
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant D. L. Robinson (Son)
(b) Address 1303 Brushcreek Blv'd
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Bentley Mortuary
(b) Address K. C. Mo.
19. (a) 9-19-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1940 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from September 18, 1940, to September 18, 1940;
that I last saw her alive on September 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion A Thrombosis — Duration
Due to General Arteriosclerosis
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death) 93 C
Major findings:
Of operations
Of autopsy No

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 1
23. Signature Edward C. Teybel (M. D. ~~or other~~)
Address 712 Argyle Bg. K. C. Mo. Date signed Sept 19/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Teichel
4121 College

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 Guy Duffington

Licensed Embalmer No. 2706

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.