

Registration District No. 37

Primary Registration District No. 1002

Registrar's No.

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: 1419 East 16th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18
(c) City or town Kansas city (If outside city or town limits, write "RURAL")
(d) Street No. 1419 East 16th St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 1941 to 1941,
that I last saw Deputy Coroner on 2-27-41,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Acute Yellow Atrophy Liver
Due to Chronic Hemolytic Nephritis
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 175W
Of operations: _____
Of autopsy: _____

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 _____
23. Signature W. S. H. J. S. J. (M. D. or other) _____
Address 1011 Date signed _____

3. (a) Full name Matha S. Robinson

3. (b) If veteran, name war _____ 3. (c) Social Security 1497-14-1256

4. Sex Female 5. Color Black 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 (Month) 10 (Day) 1897 (Year)

8. AGE: Years 43 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Bearme Texas (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Saines

13. Birthplace Texas (City, town, or county) (State or foreign country)

14. Maiden name Dora Thompson

15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Hinch

(b) Address 2604 Bellport Ave

17. (a) Burial (b) Date thereof 3-6-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director W. B. Moore

(b) Address 1820 E. 15th St

19. (a) Nov 5-41 (b) M. M. Crave (Date received local registrar) (Registrar's signature)

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

4-10-41

C

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 me
JAB Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed

JAB Moore
Licensed Embalmer No. 2410

P. O. Address 1820 E 8th St

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.