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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30833

Registrar's No. 3591

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: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 Days (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3936 McGee Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country: -----

3. (a) PRINT FULL NAME: Mrs. Mary Alice Robinson

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mr. John Davis Robinson

6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased: July (Month) 18 (Day) 1860 (Year)

8. AGE: Years 81 Months 2 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Independence (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ------

FATHER
12. Name: William H. Moore
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Martha Ann Sale
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Harry B. Walker

(b) Address: 3427 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 27, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cem.

18. (a) Signature of funeral director: O. H. Devoomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 9/26/41 (Date received by registrar) (b) M. M. Crone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1941 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 7. 12, 1941, to 9. 25, 1941; that I last saw h. alive on 9. 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Peritonitis	2½ mos
Due to Ruptured Renal Bladder	2½ mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy Cholecystitis & Cholelithiasis & Perforation

Extension abscess from liver to Pelvis

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

23. Signature: Harry C. Lapp (M. D. or other) M

Address: 1103 Brand Date signed: 9-26-41

(Licensed Embalmer's Statement on Reverse Side)

10.30.30

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 C. Hervey Quisenber

Licensed Embalmer No. 4070 C

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.