

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1715
213
 Registrar's No.

FILED JAN 26 1946
 Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hrs. 35 mins.
 In this community 6 months (Specify whether years, months or days)

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. 548 Main
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Vincent Robbins
 3. (b) If veteran, name war World War #2
 3. (c) Social Security No. unemploy

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 12
 year 1946 hour 4 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Jan. 12, 1946 to Jan. 12, 1946
 that I last saw him alive on Jan. 12, 1946
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 27 1903
 (Month) (Day) (Year)

Immediate cause of death
Bilateral lobar pneumonia
 Duration
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 108
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
42 9 15 8
 hr. min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
See above

9. Birthplace Weston Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Book-keeper

11. Industry or business

12. Name Joseph Robbins

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

14. Maiden name Mary Doster

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

16. (a) Informant Patricia Brophy
 (b) Address Weston Mo.

17. (a) Burial (b) Date thereof Jan 16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weston Mo.

18. (a) Signature of funeral director Vaughn Funeral Home
 (b) Address Weston Mo.

19. (a) 1-14-46 (b) Seraldine Holmes
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Clark A. Seely (M.D. or other)
 Address Med. Dir. Gen'l Hosp. Date signed 1-14-46

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

1215

Dr. Nelson

APR 29 1946

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 *W. R. Vaughn*
Licensed Embalmer No. *4023*
P. O. Address *Weston, 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.