S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

Registration District No. 44

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27330

Registrar's No. 3461

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: 5708 Rockhill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5708 Rockhill 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Morris Robinson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Tillie Robinson
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Oct. (Month) 12 (Day) 1865 (Year)

8. AGE: Years 80 Months 9 Days 27 If less than one day: ____ hr. ____ min.

9. Birthplace: (City, town, or county) ____ Russia 1 (State or foreign country)
10. Usual occupation: Real Estate
11. Industry or business: ____

FATHER
12. Name: Mardcai Robinson
13. Birthplace: (City, town, or county) ____ Russia 6 (State or foreign country)

MOTHER
14. Maiden name: Mary
15. Birthplace: (City, town, or county) ____ Russia 6 (State or foreign country)

16. (a) Informant: Mrs. Pearl Fox
(b) Address: 4810 Roanoke, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery
18. (a) Signature of funeral director: J. P. Louis Funeral Home
(b) Address: 3400 Woodland Ave., K. C., Mo.
19. (a) 8-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 9 year: 1946 hour: 3 minute: 15 A. M.
21. I hereby certify that I attended the deceased from 8 July, 1946, to 9 Aug, 1946, that I last saw him alive on 9 Aug. 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, acute	1 day
Due to: Coronary sclerosis	years
Due to: Arteriosclerosis, generalized	years
Other conditions (Include pregnancy within 3 months of death): Senility	

Major findings:
Of operations: 94 A
Of autopsy: ____

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: 0

23. Signature: Bernard Goldblatt (M. D. ~~or other~~)
Address: 204 Huron Bldg. K. C. K. Date signed: 10 Aug 46

(Licensed Embalmer's Statement on Reverse Side)

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 B. A. Legan

Licensed Embalmer No. 3979

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.