

S. No. 2  
FORM-5-43  
rev. 5-17-39  
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13644

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1982

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:  
921 E. 79TH TERRACE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 25 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 921 E. 79TH TERRACE 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOTHA LUNBEAM ROBINSON

3. (b) If veteran, name war No

3. (c) Social Security No. 338-01-8669

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. DWIGHT ROBINSON

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 29 1891  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/20/47 to 4/30 1947

that I last saw her alive on 3/16/47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

8. AGE: Years 55 Months 4 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace MANHATTAN KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation DINING ROOM HOSTESS

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: g4a

Of operations \_\_\_\_\_

Of autopsy No

MOTHER FATHER {

11. Industry or business PICKWICK HOTEL

12. Name JOSEPH STEWART

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

14. Maiden name NANCY CAMRON

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. NANCY STEWART

(b) Address 921-EAST-79TH STREET

17. (a) REMOVAL (Burial, cremation, or removal)

(b) Date thereof MAY-3-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation MANHATTAN KANSAS

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? 0

18. (a) Signature of funeral director C. H. Newcomer Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 5-3-47 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Paul E. Tauson (M. D. or other) M.D.

Address 1025 Rio Ho Bldg. K.C. Mo. Date signed 5/1/47

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

FEB 6 1948

MAR 15 1948

5340 Muehlenberg Avenue  
St. Louis, Mo.

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.....

*John E. Fraking*  
working under my personal supervision.

Registered Apprentice No. *504*

Signed *E. Oscar Hostley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.