S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24349

Registrar's No. 2964

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: Wheatley Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1016 Lydia Ave. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Martha Robinson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased September 8, 1905 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	10	2	hr. min.

9. Birthplace Chisdester, Arkansas (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Governor Tate
13. Birthplace Chisdester, Arkansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Telaha Corrison
15. Birthplace Texas (City, town, or county) (State or foreign country) 1

16. (a) Informant John Robinson

(b) Address 1016 Lydia Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/13/47 (Month) (Day) (Year)

(c) Place: burial or cremation Chisdester, Ark.

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Ave.

19. (a) 7-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1947 hour 1 minute A M.

21. I hereby certify that I attended the deceased from July 5, 1947 to July 10, 1947 that I last saw her alive on July 9th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Suppression of urine

Due to acute nephritis

Due to infection undetermined

Other conditions (Include pregnancy within 3 months of death) 5 to 6

Major findings: Of operations Fibroid uterus

Of autopsy No

Duration

PHYSICIAN

Underline the cause of 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 Leon Roseaux (M. D. or other)

Address 928 Argyle Bldg Date signed 7/11/47

Jefferson City Printing Co.

(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.....,

orking under my personal supervision.

Signed D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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

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