

State File No.

Registrar's No.

FILED AUG 19 1947

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1315 Olive 1
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1315 Olive
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank B. Robinson

3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1947 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from 8-3-47 to 8-5-47 that I last saw him alive on 8-4-47 and that death occurred on the date and hour stated above.

4. Sex M
5. Color of race Col
6. (a) Single, widowed, married, divorced Man
6. (b) Name of husband or wife Della Robinson
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased May 2 1899

Immediate cause of death Heat
Due to Obesity
Due to Dilated Heart

8. AGE: Years 48 Months 3 Days 3

9. Birthplace Smithton Mo.

10. Usual occupation Garage

11. Industry or business Self

12. Name William Robinson
13. Birthplace Beaman Mo.
14. Maiden name Daisy Simpson
15. Birthplace Smithton Mo.

16. (a) Informant Wm Robinson father
(b) Address Smithton, Mo

17. (a) Burial (b) Date thereof 8-8-1947
(c) Place: burial or cremation Smithton Mo.

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

(b) Address 2000 E. 12th St. N. C. Mo.

19. (a) 8-7-47 (b) St. Pauline Holman

Other conditions none

Major findings: Of operations none

Of autopsy none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of [Signature] (M. D. or other) Date signed 8/6/47

DEC 7 8 1947

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..... *A. T. Moore*

Licensed Embalmer No..... *948*

P. O. Address.....

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.