

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1948/49

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

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 1 mo. 26 days
(Specify whether years, months or days)

In this community 30 years

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. 1214 So. Oakley
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Robinson

3. (b) If veteran, name war No

3. (c) Social Security No. 487-10-1276

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug. 29 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>26</u>hr.min.

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

10. Usual occupation Laborer

11. Industry or business K. C. Public Ser. Co.

12. Name Andrew J. Robinson

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

14. Maiden name Louisa Hesse

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

16. (a) Informant Mrs. Della B. Hall

(b) Address 3807 Morrell

17. (a) Burial (b) Date thereof 8/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Mo.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th. St.

19. (a) 8-25-48 (b) Geraldine Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 25 day _____
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 29, 1948, to Aug. 25, 1948;
that I last saw him alive on Aug. 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma-Pulmonary edema-Pulmonary embolism

Due to _____

Due to _____

Other conditions 111a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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 Wm W. Hart (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 8-25-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. Campbell

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.....

James W. Camp....., Registered Apprentice No. *203*
working under my personal supervision.

Signed *John B. Camp*.....
Licensed Embalmer No. *29555*
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.