No. 2
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7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37005

State File No.

FILED DEC 15 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 876

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 203 W. Ruby
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
4
4
0

3. (a) PRINT FULL NAME Mrs. Amanda C. Robinson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James M. Robinson

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January 6, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	25	hr. min.

9. Birthplace Tunnel Hill, Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business self employed

FATHER
12. Name Richard Yancy
13. Birthplace Fayette Co., Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Ann Boen
15. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Jas. M. Robinson
(b) Address 203 W. Ruby, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Md. Grove Cemetery

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 12-2-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from Nov. 27, 1948, to Dec. 1, 1948, that I last saw her alive on Dec. 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83W

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

23. Signature Chas. F. Grabske (M. D. ~~or other~~)
Address CHAS. F. GRABSKE, M. D. INDEPENDENCE, MO. Date signed 12/3/48

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 John M. Veerman, Registered Apprentice No._____, working under my personal supervision.

Signed Charles T. Tyler

Licensed Embalmer No. 4554

P. O. Address Lusby Md.

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.