

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10056

State File No.

FILED APR 9 1953

1679

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City 14R)		c. LENGTH OF STAY (in this place) 14R		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3398		d. STREET ADDRESS (If rural, give location) 2421 Park Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gen. Hosp # 2							
3. NAME OF DECEASED a. (First) Henry			b. (Middle)			c. (Last) Robinson	
4. DATE OF DEATH				5. DATE OF BIRTH			
March 23, 1953				Sept. 12, 1928			
6. COLOR OR RACE: Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. AGE (in years last birthday) 24 yrs		9. AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Morgan Foundry		11. BIRTHPLACE (State or foreign country) Independence Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Robinson		13b. MOTHER'S MAIDEN NAME Willie Belle Hudson		14. NAME OF HUSBAND OR WIFE Mildred Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 496-24-8886		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Henry Robinson 621 N. Hayes St. P. 100			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Shock & Burn Injury				INTERVAL BETWEEN ONSET AND DEATH	
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (if stating the underlying cause last) Cerebral Skull Trauma Undetermined Manner				E 9365 117	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Autopsy at Gen. Hosp # 2				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in habitation, home, farm, factory, street, office, etc.) 7514 E 18th St		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo			
21d. TIME OF INJURY 3/21/53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Intentional			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Thomas A. Jones				23b. ADDRESS		23c. DATE SIGNED 3/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Independence Mo	
DATE REC'D BY LOCAL REG. 3-25-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. L. Davis 1415 E. Truman Rd			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. L. Davis*

Licensed Embalmer No. 4417

P. O. Address 70. E. 9th.

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.