REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13750
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1730
(c) City Kansas City — (d) Street No. 3237 Benton Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles D. Robinson 152.
(a) Residence, No. 3237 Benton Blvd. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~DEPARTED~~) Mrs. Hattie M. Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1878

7. AGE: YEARS 59 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President
9. Industry or business in which work was done, as saw mill, bank, etc. Community Laundries
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peotone Illinois

FATHER
13. NAME James Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Eliza Alvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Hattie M. Robinson 3237 Benton Blvd.

18. BURIAL, ~~XXXXXXXXXXXXXXXX~~ PLACE Mt. Moriah DATE Apr. 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED Apr 24, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1938, to Apr 22, 1938
I last saw him alive on Apr 21/00, 1938. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Oclusion — Date of onset

94B

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Electro Cardiograph Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Chas. F. Clark, M. D.
(Address) Argyle Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr Clark
Argyle Bldg

STATEMENT BY LICENSED EMBALMER

I, Clarence W Chiles, Licensed Embalmer No. 3473

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M C

L. E.

No. 3473 or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

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.)