

DEC 14 1938

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

38344
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 2746 Askew Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert L. Hoskins

(a) Residence, No. 2746 Askew Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Mrs Betty Hoskins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1876

7. AGE YEARS 62 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as saw mill, bank, etc. K 6 Police Dept
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) Ky.

FATHER 13. NAME Chas B J Hoskins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Jinca Bowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs Betty Hoskins (ADDRESS) 2746 Askew Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Nov 28 1938

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary (ADDRESS) Kansas City Missouri

20. FILED Nov 26 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1938 to Nov. 25, 1938

I last saw her alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Malacia

Date of onset 1 yr.

Other contributory causes of importance:

Arteriosclerosis

Sex Male
YRS. _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. John C. Senneker M.D.

(Address) 1423 Bryant Bldg.

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.

*J. D. Hammer
May 19 1964
2:10 P.M.*

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, Charles W. Chiles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address 104 West 42nd St. N. C. 76

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, above space should be left blank.