

REC'D AUG 7 1939

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

24525  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 359  
(b) Township Kaw Primary Registration District No. 1007  
(c) City Kansas City, Mo. (d) Street No. Mercy Hoop 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. 6 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2708

2. PRINT FULL NAME Robinson, Carol Ann

(a) Residence, No. 4152 Troost 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Kansas City, Mo.  
Trinity Hospital

FATHER 13. NAME Fred Clifford Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

MOTHER 15. MAIDEN NAME Betty Jane Falt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT (ADDRESS) Mrs. Fred Robinson  
4152 Troost K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Johns Cemetery July 8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bentley Mort  
K.C. Mo.

20. FILED July 7 1939 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5 1939 to July 5 1939  
I last saw him alive on July 5 1939 Death is said to have occurred on the date stated above, at 4 p.m.  
The principal cause of death and related causes of importance were as follows:

6 Embolism of 4  
1570  
Date of onset

Other contributory causes of importance:  
Bilateral Bronchopneumonia  
Congenital Heart

Name of operation Patent intercostal  
What test confirmed diagnosis? system where an autopsy? Yes

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) T. B. Schuster M. D.  
(Address) 1316 Bond Bldg

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.

501-X-1 X-10605

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**