

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25812
Do not use this space.

REC'D AUG 22 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 5554
 (c) City Independence (d) Street No. 533 Harris 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 533 Harris - Fairmount Ave (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas E. Robinson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 9 0
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939
 22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to July 6, 1939
 I last saw her alive on July 9, 1939 Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion July 6, 39
94%
 Other contributory causes of importance:
gen. arteriosclerosis
Emphysema

12. BIRTHPLACE (CITY OR TOWN) Fairfield County
 (STATE OR COUNTRY) Ohio

13. NAME Jacob Everdole

14. BIRTHPLACE (CITY OR TOWN) Peru
 (STATE OR COUNTRY) Ind

15. MAIDEN NAME Miller

16. BIRTHPLACE (CITY OR TOWN) Peru
 (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Harry L. Robinson
533 Harris, Fairmount

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mulberry, Mo DATE July 9 1939

19. FUNERAL DIRECTOR (NAME) George C. Carson
 (ADDRESS) Independence, Mo.

20. FILED July 8 1939 W. L. Cook
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? no
 If so, specify _____
 (Signed) C. L. Hillman or G. D. Labbe
 (Address) 10307 Independence Ave.
Kansas City, Mo

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.

DEC 9 1948

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.