

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34900**
Registrar's No. **3875**

Registration District No. **399** Primary Registration District No. **1002**

NOV 14 1939

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Heathley Prot. Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1613 Virginia**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1st**
year **1939** hour _____ minute **1015 P.M.**
21. I hereby certify that I attended the deceased from **Sept 6**, 19**39**, to **Oct. 1st**, 19**39**,
that I last saw him alive on **Oct. 1st**, 19**39**,
and that death occurred on the date and hour stated above.

Immediate cause of death **encephalitis (acute) non-epidemic**
Due to **Toxemia S/E**

Other conditions **Tumor over right kidney (Tuberculoma)**

Major findings: Of operations **(non-malignant)**
Of autopsy **Tumor over right kidney not qualified**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **L. V. Moller** (M. D. or other) _____
Address **1203 Paseo** Date signed **6/39**

8. (a) PRINT FULL NAME **Ollie A. Robinson (159)**
8. (b) If veteran, name war **No** 8. (c) Social Security No. **495-07-5008**

4. Sex **M.** 5. Color **Col.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Robinson** 6. (c) Age of husband or wife If alive **50** years
7. Birth date of deceased **March 19, 1885**
(Month) (Day) (Year)

8. AGE: Years **54** Months **6** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** (City, town, or county) (State or foreign country) **Mo.**

10. Usual occupation **Porter**

11. Industry or business **Montgomery-Ward**

12. Name **John Robinson**

13. Birthplace **New Madrid** (City, town, or county) (State or foreign country) **Mo.**

14. Maiden name **Mattie Newman** (City, town, or county) (State or foreign country) **Mo.**

15. Birthplace **Jessie Robinson** (City, town, or county) (State or foreign country) **Mo.**

16. (a) Informant's own signature **Jessie Robinson**

(b) Address **1613 Virginia**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-7-39**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia**

19. (a) **Nov 7 1939** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically

1 110811 MAKE PENCIL USE WRITING BLACK INK—MAKE 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.

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

Robert M Adams, Registered Apprentice No. 178
working under my personal supervision.

Signed

T. B. Matthews

Licensed Embalmer No.

2889

P. O. Address

1729 Lyda

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.