

1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY 2  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3729 MAIN ST.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Unknown (Specify whether  
 In this community Unknown years, months or days)

3. (a) PRINT FULL NAME Sol Robinson

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MARY (Joseph) 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Aug. 15 1873  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Russia  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Tailor

11. Industry or business

12. Name Simon Robinson

13. Birthplace Russia  
 (City, town, or county) (State or foreign country)

14. Maiden name Millem

15. Birthplace Russia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Herman Robinson

(b) Address K.C. Mo.

17. (a) BURIAL (b) Date thereof Dec. 1, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director F.P. Lewis Fun. Home

(b) Address 3400 Woodland Ave.

19. (a) 12/1/40 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

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. 3729 MAIN ST.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Nov  
 year 1940 hour \_\_\_\_\_ minute 3:30P M.

21. I hereby certify that I attended the deceased from Nov 25-1940  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 29, 1940  
 that I last saw him alive on Nov 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary thrombosis 5 days

Due to Coronary sclerosis

Due to diagnosis unknown

Other conditions (Include pregnancy within 3 months of death) 94B

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Morris Gentry (M. D. or other) MD

Address 420 Prof Bldg Date signed 12-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

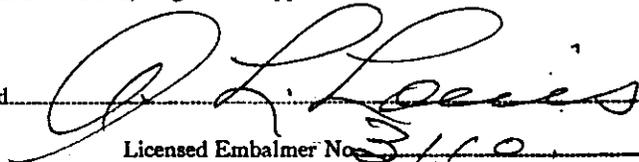
**STATEMENT BY LICENSED EMBALMER**

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. 3110

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.**