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X23159

FEB 1941 FEB 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1398

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 358

1. PLACE OF DEATH:

(a) County. Jackson  
(b) City or town. Jackson Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Children's Mercy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days  
(Specify whether  
In this community. Same  
years, months or days)

3. (a) PRINT FULL NAME Loren Robinett

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, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 8 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. Child

11. Industry or business \_\_\_\_\_

12. Name Walter D. Robinett

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

14. Maiden name Ronene Blake

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

16. (a) Informant Walter D. Robinett

(b) Address 212 S. Cedar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereat Jan 27 41 (Month) (Day) (Year)

(c) Place: burial or cremation Woods of Oak

18. (a) Signature of funeral director George Carson

(b) Address Independence, Mo

19. (a) Jan 24, 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Fairmount, Mo. K.C., Mo.  
(If outside city or town limits, write "RURAL") 48  
(d) Street No. 212 S. Cedar (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 24  
year 1941 hour 5 minutes 40 A. M.

21. I hereby certify that I attended the deceased from 1-21, 1941, to 1-24, 1941;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Radio-pneumonia (w/hooping cough)  
Due to \_\_\_\_\_  
Due to 9

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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) Means of injury \_\_\_\_\_  
23. Signature Paul J. Hogue (M. D. or other)  
Address 315 Grand St Date signed \_\_\_\_\_

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

MOTHER FATHER

Dr. Frank Hogue  
Plaza Medical Bldg.

**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.....

*Ralph E. Miller*

Licensed Embalmer No. *4124*

P. O. Address *Endy, Mo.*

**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, fact should be so stated above.**