No. 2
-1-4-41
5-17-39
I X26390

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

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14818

Registration District No. 401 Primary Registration District No. 5556 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Grainvalley - Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 70 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: On Colborn Road 1/2 M. W. Tarney (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fannie D. Robinson
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William Robinson
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: Dec. (Month) 3 (Day) 1865 (Year)

8. AGE: Years 75 Months 4 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Jacksonville-Rural (City, town, or county) Ill (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: Tillman Davenport
13. Birthplace: Jacksonville-Rural (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Lucinda Drummond
15. Birthplace: Winchester (City, town, or county) Ill (State or foreign country)
16. (a) Informant: William Robinson
(b) Address: Grainvalley Mo.—Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Lee's Summit Cems-
18. (a) Signature of funeral director: Fields Funeral Home
(b) Address: Lee's Summit Mo.
19. (a) April 12, 1941 (Date received local registrar) (b) Vernie E. Yankee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1941 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from 11-7 1938 to 4-12 1941 that I last saw her alive on 4-11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) D.O.
Address: Lee's Summit Mo. Date signed 4-12-41

(Licensed Embalmer's Statement on Reverse Side)

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.....P. C. Fields.....

Licensed Embalmer No. 2957

P. O. Address Lees Summit Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.