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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 10 1941

Registration District No. 197

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5276

State File No. 21443

Registrar's No. 27

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Rural -- Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 5 North Kansas City, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay
 (c) City or town Rural --
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 1, Liberty, Missouri
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME HORACE A ROBISON

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Frances A. Robison 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased January 11, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 9 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Robison

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

14. Maiden name Mary Anderson

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

16. (a) Informant Ralph Souter (son-in-law)
(b) Address Route 5 North K. C. Mo.

17. (a) Burial (b) Date thereof May 21, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet, Clay Co.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 5-22-41 (b) John S. Morton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1941 hour 5:47 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1941 to May 20, 1941; that I last saw him alive on May 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Remia & Broncho-pneumonia
 Due to Impediment
 Due to renal insufficiency
longness of feet

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: 131a
 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? 0.63
(Specify type of place) While at work? (e) Means of injury _____

23. Signature W. C. Long (M. D. or other) 0
Address W. C. Long Date signed May 22

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

MOTHER FATHER

C. H. Langhans

3720

1971

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-71

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address **North K. C. 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.