

DEC 22 1941 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4256

1. PLACE OF DEATH: Jackson  
 (a) County: Kansas City  
 (b) City or town: Kansas City  
 (c) Name of hospital or institution: 5331 Highland  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 8 yrs. 10 months, 8 days  
 In this community 8 yrs. 10 months, 8 days  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary 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: Widowed

6. (b) Name of husband or wife: No Record 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: No Record (Month) (Day) (Year)

8. AGE: Years: 71	Months: ---	Days: ---	If less than one day: hr. --- min. ---
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9. Birthplace: No record (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ---

12. Name: Patrick Cunningham

13. Birthplace: No Record (City, town, or county) (State or foreign country)

14. Maiden name: Bridget Carr

15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Sister & Sister of the Deceased (b) Address: 5331 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: Quinn & Tabin Co. (b) Address: S.W. Co. Mo.

19. (a) 11-15-41 (Date received local registrar) (b) Dr. M. H. Crowe (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.: 5331 Highland (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 13 year: 1941 hour: --- minute: 5: A.M.

21. I hereby certify that I attended the deceased from Nov 2, 1941, to Nov 12, 1941; that I last saw him alive on Nov 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death:  
 Acute Coronary Thrombosis  
 Coronary arterio-sclerosis  
 Hypertension  
 Duration: 5 hours  
 several years

Other conditions (Include pregnancy within 3 months of death): ---  
 Major findings:  
 Of operations: ---  
 Of autopsy: ---

Duration  
 5 hours  
 several years

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: John T. Shimmer (M. D. or other) 4/2 Address: 1402 Bryant Blvd Date signed: 11/15/41

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

MOTHER FATHER

**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  
*John J. Conway*, Registered Apprentice No. *307*  
working under my personal supervision

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**