

FILED MAR 9 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 530

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years, months or days)

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. 3306 East 26th. Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Infant Daughter of Roman R. Robison

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

4. Sex Female 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 February 3 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Roman R. Robison

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

14. Maiden name Opal Snyder

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

16. (a) Informant Mr. Roman R. Robison

(b) Address 3306 East 26th. Street

17. (a) Burial (b) Date thereof 2-7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 2-6-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 4
1942 to Feb. 6 1942
that I last saw her alive on Feb. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 2 days

Due to Birth at 6 1/2 months

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? _____

While at work? _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature John G. Caldwell (M. D. or other) MD
Address Argyle Bldg Kansas City Date signed 2/6/42
no.

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

MOTHER FATHER

31 st. & Benton
about noon

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 *me*

Registered Apprentice No.

working under my personal supervision.

Signed *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *Kansas City, 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.