No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9847

Primary Registration District No. 1002

Registrar's No. 1331

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

48
38

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital, (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 25 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Jackson, 048
(c) City or town: Kansas City, (If outside city or town limits, write "RURAL") 3 6 0
(d) Street No.: Ambassador Hotel, (If rural, give location)
(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME: Miss Mary Louisa Robinson,

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single,

6. (b) Name of husband or wife: x

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: April (Month) 7 (Day) 1871 (Year)

8. AGE: Years 70 | Months 11 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation: School Teacher,

11. Industry or business: x

MOTHER FATHER
12. Name: Benton William Robinson,
13. Birthplace: New York, (City, town, or county) 1 (State or foreign country)
14. Maiden name: Margaret North,
15. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Miss Wilma Robinson,
(b) Address: Ambassador Hotel, K. C., Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof: 4-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Labadie, Missouri,

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-4-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3 year 1942 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from March 22, 1942 to 4/3/42, 19..; that I last saw h. alive on 4/3/42, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	18 min.
Due to: Ovarian Cyst (Operative Removal)	3 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operation: Mucinous Cyst Rt Ovary
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: x

23. Signature: John H Ogilvie (M.D. or other)
Address: 130 Prof Bldg Date signed: 4/3/42

(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.....

Licensed Embalmer No. 1415

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.