No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10582

State File No.

Registration District No. 201

Primary Registration District No. 3012

Registrar's No. 27

24
2
1

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 322 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 322 South Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Robinson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Colored 1

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

6. (b) Name of husband or wife Sarah A. Robinson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 10 (Month) 26 (Day) 1876 (Year)

8. AGE: Years 65 Months 4 Days 26 If less than one day hr. — min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name George Robinson
13. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Lizzie Lorie
15. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Sarah A. Robinson
(b) Address 322 S Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 18th St K.C. Mo.

19. (a) 3-23-42 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22nd year 1942 hour 5.5 minute A. M.

21. I hereby certify that I attended the deceased from Mar 20, 1942, to , 1942, that I last saw him alive on Mar 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arteriosclerosis	
Due to Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death) 61	
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 Burton Maltby (M. D. or other) MD
Address Liberty Mo Date signed 23-3-42

426

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

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 H. B. Moore

Licensed Embalmer No. 2410

P. O. Address 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.