

FILED JUN 18 1942  
399

Primary Registration District No. 1002

Registrar's No. 2242

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

1. PLACE OF DEATH  
**JACKSON**  
 (a) County **KANSAS CITY**  
 (b) City or town **KANSAS CITY**  
 (c) Name of hospital or institution: **GENERAL HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **8 Days**  
 (Specify whether years, months or days) **12 yrs**

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. **1838 PENNSYLVANIA**  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **WALTER G. ROBISON**  
 (b) If veteran, name war **NONE**  
 (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **7**  
 year **1942** hour **9:35** minute **P.** M.

4. Sex **MALE**  
 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 (b) Name of husband or wife **LOIS**  
 (c) Age of husband or wife if alive **50** years  
 7. Birth date of deceased **Nov 24 1877**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 25**, 19**42**, to **June 7**, 19**42**  
 that I last saw him alive on **June 7**, 19**42**  
 and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **6** Days **14**  
 If less than one day hr. min.

Immediate cause of death **malignant nephrosclerosis**  
 Due to **acute circulatory failure**  
 Due to **131a**

9. Birthplace **North Carolina**  
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation **Grocery Clerk**

PHYSICIAN

11. Industry or business **Retired.**

Major findings: Of operations

12. Name **Unknown Robison**

Of autopsy

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

Underline the cause to which death should be charged statistically.

14. Maiden name **Unknown**

22. If death was due to external causes, fill in the following:

15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify)

16. (a) Informant **Margaret Summerwell**  
 (b) Address **353 N 31st Kansas City, Kans**

(b) Date of occurrence

17. (a) **Burial** (b) Date thereof **6-9-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation **Memorial Park**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Walter M. Eads**  
 (b) Address **1416 Minnesota**

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

19. (a) **6-8-42** (b) **M. M. Browe**  
 (Date received local registrar) (Registrar's signature)

23. Signature **Walter M. Eads** (M. D. or other)  
 Address Date signed

APR 1952

*Mr. [unclear]*

**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 Orville H Beckwith

Licensed Embalmer No. 3927

P. O. Address Kansas City Kansas

**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.**