

No. 2  
9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

20423

FILED JUL 3 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 329

Primary Registration District No. 1002

Registrar's No. 2459

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: 1109 Garfield  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 26 years

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. 1109 Garfield  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alva Robinson

3. (b) If veteran, name war no

3. (c) Social Security No. 495-07-4560

4. Sex Male 5. Color or race Wep

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

6. (b) Name of husband or wife Marie Robinson

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 22 1905  
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 3

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Waiter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ed Harris

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

14. Maiden name Elizabeth Robinson

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

16. (a) Informant Marie Robinson

(b) Address 1109 Garfield

17. (a) Burial (b) Date thereof 6-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Stalling Hills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 6-27-42 (b) M. M. Ervine  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 25 1942 to June 25 1942  
that I last saw her alive on June 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Ruptured Uterus Duration 48 hrs.

Due to Hemorrhage

Due to 117a

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) (e) Means of injury D

23. Signature Arthur H. ... (M. D. or other) M.D.

Address 2407 ... Date signed 6-26-42

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

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(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

*E. Sterling Bills*

Licensed Embalmer No.....

*3178*

P. O. Address.....

*1212 Vine - 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.**