

FILED SEP 16 1942
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3351

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:
3508 St. John Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 Years
(Specify whether 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. 3508 St. John Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Annie Elizabeth Robinson
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 7th
 year 1942 hour 6 minute 30 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Dr. John L. Robinson
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased March 28 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 15th
1941 to Sept. 7th 1942
 that I last saw her alive on Sept. 7th 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 5 29 hr. 1 min.

Immediate cause of death Asymmetric Bronchitis (acute)
 Duration 3da

9. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)

Due to 61

10. Usual occupation At Home

Due to Diabetes Mellitus

11. Industry or business ---

Other conditions Hypertension & Myocardiosclerosis
(Include pregnancy within 3 months of death)

12. Name William Sote

Major findings: Of operations

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

Of autopsy ---

14. Maiden name Larry Burrough

Underline the cause to which death should be charged statistically.

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. M. Blair

(b) Address Osage Beach, Missouri

17. (a) Burial (b) Date thereof Sept. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or preparation Hill Mt. Washington Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 ---

23. Signature James D. Smith (M. D. or other) 9/10/42

Address 380 Prof. Bldg. S. C. Ho Date signed 9/10/42

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

MOTHER FATHER

Professional Seal

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: *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *F. 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.