V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1302

State File No. [illegible]

FILED JAN 21 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital ~~or institution~~: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 8 days (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4147 Montgall Avenue
(If rural, give location)

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

If yes, name country ------- 0

3. (a) PRINT FULL NAME Mr James A Robenson Robeson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Mrs. Blanche Robeson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December (Month) 27 (Day) 1873 (Year)

8. AGE: Years 69 | Months 0 | Days 54 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Principal of Longfellow School

11. Industry or business Bd Of Education

FATHER
12. Name Allen Robeson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Alice Merrell
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Blanche Robeson

(b) Address 4147 Montgall Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1943 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mt. Olivet Cemetery Kearney, Missouri

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1943 hour 5 minute 43 A.M.

21. I hereby certify that I attended the deceased from Dec 25, 1942, to Dec. 31, 1942; that I last saw him alive on Dec 31, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory paralysis	2 days
Due to Ascending myelitis	8 days
Due to 82.1	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. [illegible] (M. D. ~~or other~~)

Address 1418 Professional Bldg. Date signed 1-1-43

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 - 1943

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 Fcm

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.