

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

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
1915 Brooklyn Ave.
(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 27 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. 1915 Brooklyn Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Robinson

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 7 minute 45 a.m.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2

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

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

7. Birth date of deceased April 22 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-30-43 to 7-27-43
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 3 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Acute Congestive Failure

Due to arteriosclerosis

Due to 93d hour

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Flatt City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Miller

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Viva Robinson

(b) Address 1915 Brooklyn Ave.

17. (a) Burial (b) Date thereof 7-31-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director West Appleton & Jones

(b) Address 1905 Vine

19. (a) 7-29-43 (b) D. E. 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 D. E. Brown (M. D. or other)
Address 1830 Olive Date signed 7/29/43

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 *C. H. West*

Licensed Embalmer No. *2750*

P. O. Address *R. E. M. O.*

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.