

LED NOV 1 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4305

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Jack Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 Days
In this community. Unknown 30 yrs (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. 1846 Balleview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME

Will Robertson

3. (b) If veteran, name war no

3. (c) Social Security No. 500-03-6142

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Murah
6. (c) Age of husband or wife if alive. 15, 1884 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 8 22 hr. min.

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

10. Usual occupation laborer

11. Industry or business unknown

12. Birthplace (City, town, or county) (State or foreign country)
unknown

13. Maiden name Emma Stales

14. Birthplace (City, town, or county) (State or foreign country)
Nashville Tenn

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Poplar, Kans

18. (a) Signature of funeral director S. D. Bowers

(b) Address Poplar, Kans

19. (a) 10-9-43 (Date received local Registrar) (b) D. E. Bowers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 7 year 1943 hour 9 minute 35 P. M.
21. I hereby certify that I attended the deceased from 10-1-43 to 10-7-43
and that death occurred on the date and hour stated above.
What I last saw him alive on 10-7-43

Immediate cause of death Uremia Duration _____
Due to Chronic Nephritis
Due to Urethral Stricture 131 hr
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) _____
Means of injury _____
23. Signature D. E. Bowers (M. D. or other) M. D.
Address Gen. Hosp. #2 Date signed 10-9-43

JAN 24 1944

FEB 3 1944

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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of Jackson } ss.

State File No. 33924
Local Registrar's No. 4305

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of January, 1944, before me appears PORTER NORMAN, who, upon his oath, states that the original record of ~~birth~~ death for WILL FRANK ROBINSON died born OCT 7, 1943, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 39 should read WILL. FRANK ROBINSON
Instead of WILL. FRANK ROBERTSON
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Porter Norman Sonin law
Relationship. _____

5053 50 Parkway
Present Address. Chicago. Ill

Subscribed and sworn to before me this 24 day of Jan, 1944.

My Commission expires 10/18/1945 Notary Public. _____

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

33924