

FILED NOV 11 1943
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4670

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
1519 Olive St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 13 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1519 Olive St
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorthea Robinson

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29
year 1943 hour 12 minute 15 P.M.

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dwight Robinson 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased May 13 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 24 1943 to Oct. 29 1943
that I last saw her alive on October 29, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 5 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death: Asphyxia
Due to Paroxysmal Bronchial Asthma + Aortic Aneurysm
Other conditions (include pregnancy within 3 months of death) 112

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

10. Usual occupation House maid

11. Industry or business _____

12. Name Andrew Smith

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

14. Maiden name Eliza Wright

15. Birthplace _____ Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Smith

(b) Address 1317 Paseo Blvd.

17. (a) Burial (b) Date thereof Nov. 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Apfelter Jones
(b) Address 1905 Vine St

19. (a) 11-3-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature George H. Hall (M. D. or other)
Address 2204 E. 18th St., K.C., Mo. Date signed 10-1-1943

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

MOTHER FATHER

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. Trust*
Licensed Embalmer No. 2710
P. O. Address Kansas City, 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.