

FILED DEC 22 1943
Registration District No. 149

Primary Registration District No. 1002

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

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:
4014 FLORA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 23 YEARS
years, months or days

3. (a) PRINT FULL NAME MR. DOW ROBBINS

3. (b) If veteran, name war No

3. (c) Social Security No. 702-149246

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. FANNIE ROBBINS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased FEBRUARY 1 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation MACHINIST

11. Industry or business MISSOURI PACIFIC R.R.

MOTHER FATHER

12. Name ALEX ROBBINS

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

14. Maiden name MALISSIE PALE

15. Birthplace HANCOCK COUNTY KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Robbins

(b) Address 4014 Flora

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-13-1943
(Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-11-43 (Data received local registrar) The E. Brown (Registrar's signature)

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. 4014 FLORA AVENUE
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10TH
year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 9, 1943, to Dec 10, 1943;
that I last saw him alive on Dec 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 18 mo
Had three major attacks July 7, 42
Due to arteriosclerosis ?

Due to 946

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) (b) Means of injury _____

23. Signature J. E. Schorn (M. D. or other) Dr.
Address 243 W. 13th Bldg. Date signed 12-11-43

86d

JRC mo

Wendy Bledy

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..... *Ernie M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *Kc 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.