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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1002

State File No. _____
Registrar's No. 5185

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-1-43-12-3-43
(Specify whether _____)
In this community 2 years
(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. 2032 E. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ROBINSON

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 3
year 1943 hour 1:15 minute P. M.

3. (b) If veteran, name war no 3. (c) Social Security No. 474-18-5160

21. I hereby certify that I attended the deceased from December 1, 1943 to December 3, 1943.
that I last saw him alive on December 3, 1943.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if 2 years

Immediate cause of death Cerebral Apoplexy
Duration _____

7. Birth date of deceased Dec. 31 1878
(Month) (Day) (Year)

Due to Hypertension
Due to 830

8. AGE: Years 64.00 Months 11 Days 32 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Noah Robinson

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

14. Maiden name Sophia ?

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

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

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? _____

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 12-11-43
(Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. C. Brown
(b) Address City of Jackson

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. C. Brown (M. D. or other)
Address Gen. Hosp. #2 600 E. 22 St. Date signed 12/4/43

19. (a) 12-8-43 (b) W. C. Brown
(Date received local registrar) (Registrar's signature)

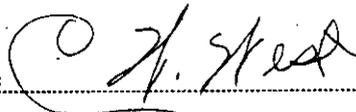
(Licensed Embalmer's Statement on Reverse Side)

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

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. 2710

P. O. Address K. C. 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.