

FILED APR 15 1944  
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1519**

1. PLACE OF DEATH: **Jackson**  
(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: **717 West 36th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **30 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **Missouri** (b) County **Jackson** **3**  
(c) City or town **Kansas City** **5**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **717 West 36th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Joseph W. Robinson**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **495-07-4146**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **31st**  
year **1944** hour **7:50** minute **P.** M.

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 16, 1889**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan** 1944 to **March 31** 1944  
that I last saw him alive on **March 27** 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cachexia**

8. AGE: Years Months Days If less than one day  
**54 11 15** hr. min.

Due to **Carcinoma of the lung** **July 1913 to March 1944**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Vandalia Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Janitor**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **none performed**

11. Industry or business \_\_\_\_\_  
12. Name **George Robinson**  
13. Birthplace **Vandalia Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant **Mattie Wilson**  
(b) Address **717 West 36th St.**  
17. (a) **burial** (b) Date thereof **4/5/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Highland Cemetery**  
18. (a) Signature of funeral director **Shelton Bros**  
(b) Address **1729 Lydia**  
19. (a) **4-5-44** (b) **P. C. Brown**  
(Date received local registrar) (Registrar's signature)

23. Signature **P. C. Brown** (M. D. or other) \_\_\_\_\_  
Address **2204 1/2 E 18th** Date signed **4-4-44**

USE UNFADING 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.....

*D. J. Manlove*

Licensed Embalmer No. ....

*3994*

P. O. Address.....

*2503 Highland*

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

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