

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:
2634 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 years

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. 2634 Paseo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur F. Robison

3. (b) If veteran, name war XX

3. (c) Social Security No. none

4. Sex Male v Female

5. Color or race Wh

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 January 19 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business --

MOTHER FATHER

12. Name Isaac E. Robison

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

14. Maiden name Fannie A. Powell

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

16. (a) Informant Henry E. Robison

(b) Address 3936 Brooklyn

17. (a) burial (b) Date thereof 4-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 6-28-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1944 hour 9 minute 15 A: M.

21. I hereby certify that I attended the deceased from 1938 to April 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 8764

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13k

Major findings: Of operations None

Of autopsy not done

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? None
(City, town, or county) (State)

(d) Did injury occur in or about home, or in an industrial place, in public place? _____

(Specify type of injury) _____
(a) Means of injury

(3) Signature [Signature] (M. or other) _____

Address 5001 107 1/2 St Date 4/28/44

Dr. W. W. Buckingham
Professional Bldg.-Ha.5985

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 Guy W. Buckingham
Licensed Embalmer No. 2756
P. O. Address K. I. 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.