

FILED MAY 23 1944  
Registration District No. 19449

Primary Registration District No. 1002

Registrar's No. 2008

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:  
Pickwick Hotel, 10th and McGee 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD H. ROBISON  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Sgl  
6. (b) Name of husband or wife XX  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased July 20 1905  
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 17  
If less than one day hr. min.

9. Birthplace Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Coroner

11. Industry or business

12. Name Wm. Harding Robinson

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

14. Maiden name Jessie Sweeney

15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Robinson

(b) Address 3221 Penn

17. (a) Burial (b) Date thereof 5-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. M. Magner  
Kansas City, Mo.

(b) Address 5-8-44

19. (a) 5-8-44 (b) N. E. Brown  
(Date received local registrar) (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. 3221 Penn  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 5 day 3  
year 44 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from Arrival 19...

that I last saw him alive on \_\_\_\_\_ 19... and that death occurred on the date and hour stated above.

Immediate cause of death White pulmonary edema and congestion  
Chronic mitral stenosis  
Mitral stenosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92b  
Of autopsy see above

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?

(Specify type of place) While at work at home (c) Means of injury 5/8/44

23. Signature [Signature] (M. D. or other)

Address \_\_\_\_\_ Date signed 5/8/44

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

3. 2  
-43  
-39  
C37823

361

MAR 2 1945

**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.....

*Cecil R. Matthes*

Licensed Embalmer No. *3807*

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.**