No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20829

State File No.

FILED JUL 8 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2627

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: 3660 Convalescent Home (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray '89

(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 427 N Main (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JENNIE ROBB

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Frank Robb

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

7. Birth date of deceased June (Month) 5 (Day) 1883 (Year)

8. AGE: Years 61 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Ray County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Thomas Pardue
13. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Sell
15. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Robb

(b) Address Richmond Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 25 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director J B Brothers

(b) Address Richmond Mo

19. (a) 6-22-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 year 1944 hour 8:50 minute 8:50 AM

21. I hereby certify that I attended the deceased from 4/2, 1944 to 6/22, 1944; that I last saw her alive on 6/21, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac dilatation c decompensation	10 days
Due to chronic nephritis	yrs
Due to chronic inflammatory [illegible]	
Other conditions Hemiplegia left (Include pregnancy within 3 months of death)	minutes

Major findings: Of operations — 13 18

Of autopsy

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) no

(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? (e) Means of injury

23. Signature J W Hausing (M. D. or other)

Address Plaza Med Bldg Date signed 6/22/44

(Licensed Embalmer's Statement on Reverse Side)

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: J. B. Brathers

Licensed Embalmer No. 2001

P. O. Address Richmond, V

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

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