

FILED MAR 25 1947

Registration District No. **149**

Primary Registration District No. **1002**

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:  
2112 E. 13th. St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 25 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2112 E. 13th. **8**  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melviney (Nell) Robinson

3. (b) If veteran, name war no 3. (c) Social Security No. 495-03-0868

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. D. Robinson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March - 13 - 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 11 23 hr. min.

9. Birthplace New Orleans La. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Press Operator

11. Industry or business Long Hall Laundry

12. Name Charlie Frazier

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

14. Maiden name Unknown

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

16. (a) Informant L. D. Robinson

(b) Address 2112 E. 13th. St.

17. (a) Burial (b) Date thereof 3/11/'47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Stealy Bills  
(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 3-11-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6  
year 1947 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 5 1947 to Mar 6 - 47 1947  
that I last saw her alive on Mar 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Acute Dilatation of Heart  
Intestinal Obstruction  
locked bowels

Other conditions: \_\_\_\_\_  
(Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
Of operations ASC

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) \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature Juan T. Richardson (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

Address 1801-Vine Date signed 3-9-47

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

MOTHER FATHER

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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 *E. Sterling Bills*  
.....  
Licensed Embalmer No. *178*.....

P. O. Address *1212 Vine St., Kansas City,*

**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.**