

FILED MAY 5 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12556

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 578

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution State Hospital No. 2
(d) Length of stay: In hospital or institution 2 yrs 5 mos 29 days
In this community 2 yrs 5 mos 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.B.
(d) Street No. not given
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Grant A. Robbins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced, or separated
6. (c) Age of husband or wife if alive 14 years
Date of death of deceased Feb 14 1866

8. AGE: Years 81 Months 2 Days 6

9. Birthplace Sagamon Ill (City, town, or county) Ill (State or foreign country)

10. Occupation Minister
11. Industry or business

12. Name of decedent Martin V. Robbins

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

14. Maiden name Stella K. Hayes

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

16. (a) Informant Bela Robbins (b) Address 2526 W. Mendenhall St. St. Joseph, Mo.

17. (a) Removal (b) Date thereof 4-30-47

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director J. H. McClure

(b) Address Kansas City, Mo.

19. (a) 4-30-47 (b) H. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1947 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-16 1947 to 4-30 1947 that I last saw him alive on 4-29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Smiling

Due to

Other conditions

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature G. E. Salver (M. D. or other) Address St. Joseph, Mo. Date signed 4-30-47

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS

2
-41
39
29484

JUN 5 1947

MAY 12 1947

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. Clair Shippard

Licensed Embalmer No. *4179*

P. O. Address *K. C. Mo*

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

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

State of Missouri }
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 12,556
Local Registrar's No. ~~7000~~ 578

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of May, 1947, before me appears Gile Robbins

who, upon her oath, states that the original record of ^{birth} death
for Grant A Robbins ^{died} April 30, 1947, in the State of
Missouri, and which was filed at St. Joseph, Mo. on May 5, 1947, should be corrected as follows:

Item No. 66 should read Alice Elizabeth Knight
Instead of Hannah E. Knight ^(not Alice) or Christina (?)

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Gile Robbins Daughter
Relationship.

3536 N. Meridian Street
Indianapolis 8, Indiana
Present Address.

Subscribed and sworn to before me this 29th day of May, 1947.

My Commission expires Oct. 11-1948
Mirreaga Howen Notary Public.
Marion County, Indiana

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

12550