S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1947

Registration District No. 449

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21164

Primary Registration District No. 1002

Registrar's No. 2782

WRITE PLAINLY—USING 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: 2615 East 11th St. K.C. Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 39 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. 2615 East 11th Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Alice I. ROBINSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Barton Robinson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 10, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	19	hr. min.

9. Birthplace Lawrence (City, town, or county) Kan. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Samuel Skinner

13. Birthplace ~~Unknown~~ London ~~Colo.~~ England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Dwyer

15. Birthplace Lawrence (City, town, or county) Kan. / (State or foreign country)

16. (a) Informant Mrs. Elizabeth Bradley

(b) Address 2615 East 11th St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 6-30-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MOTHER FATHER 3-4-48 4 Stotts

Can say all

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1947 hour 2 minute — P M.

21. I hereby certify that I attended the deceased from June 11, 1947 to June 29, 1947
that I last saw her alive on June 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	19 days
Due to: Hypertension	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (e) Means of injury 0

23. Signature Jos W Parker Jr (M. D. ~~or other~~)

Address 4000 Baltimore Date signed 6/29/47

Jefferson City Printing Co.

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2782-47

On this 17th day of February, 1948, before me appears Mrs Elizabeth Bradley, who, upon her oath, states that the original record of ~~birth~~ death for Alice L. Robinson ~~born~~ died June 29, 1947, in the State of Missouri, and which was filed at Kansas City on 6/30, 1947, should be corrected as follows:

Item No. 13 should read London England

Instead of Colorado

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 .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Elizabeth Bradley
Relationship.

2615 E. 11th St.
Present Address.
K.C. Mo.

Subscribed and sworn to before me this 17 day of February, 1948.

My Commission expires Oct 21, 1951 Carrie M. Rappelius Notary Public.

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

Form V. S. 135
50M—4-43
I X38667

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