

FILED JUL 3 1947

Registration District No.

Primary Registration District No. **1002**

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:
3348 GILLHAM ROAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
9 YEARS (Specify whether
In this community.....
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. **3348 GILLHAM ROAD 8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MRS. MINNIE BELL ROBINSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced... **WIDOWED**
6. (b) Name of husband or wife **MR. BENJAMIN ROBINSON**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **JANUARY 31 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 26 5 hr. min.

9. Birthplace **KEARNEY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

12. Name **GEORGE S. HARRIS**

13. Birthplace **KEARNEY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **LYDIA WISE PEPPER**

15. Birthplace **KEARNEY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. CHARLES RIES**

(b) Address **4944 GARFIELD AVENUE**

17. (a) **BURIAL** (b) Date thereof **JUNE 28 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETARY**

18. (a) Signature of funeral director **O. K. Neivensmer's Son**

(b) Address **1401-BRUSH CREEK BLDG.**

19. (a) **6-28-47** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **26TH**
year **1947** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 25, 1947** to **June 26, 1947**
that I last saw her alive on **June 26, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** 3 days

Due to **bronchial pneumonia** 7 days

Other conditions **sterility**
(Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy **94a**

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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **J. W. Ferrell** (M. D. or other) **DD**

Address **408 Wirthman Rd** Date signed **6-27-47**

William Bldg.

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

Melvin Miller

Licensed Embalmer No. *7407*

P. O. Address *Kansas City 3, 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.