

FILED DEC 9 1947
 Registration District No. _____

Primary Registration District No. 1002

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:
2312 Bellefontaine 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2312 Bellefontaine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GERTRUDE 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 Married
 6. (b) Name of husband or wife GEORGE Robb
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased MAY 16 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 12 hr. min.

9. Birthplace Unknown 4 England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mayo

13. Birthplace 4 England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant George Robb

(b) Address 2312 Bellefontaine

17. (a) ~~Burial~~ Removal Date thereof Nov. 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K.C. Mo.

19. (a) 11-28-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov - day 28
 year 1947 hour 7 - minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-4-47
Dec - 1947 to Nov. 28 - 1947
 that I last saw her alive on Oct - 4 - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile and Myocarditis
 Due to arteriosclerosis with arthritis

Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
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?
 While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature 1319 Bialta (M. D. or other) MD
 Address 918 Bialta Date signed _____

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.....

Jerry A. Minor, Registered Apprentice No. *437*
working under my personal supervision.

Signed *Robert A. Herrmann*

Licensed Embalmer No. *3700*

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.