

FILED DEC 9 1949  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether years, months or days) 30 YRS.

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") 0  
(d) Street No. 1105 GARFIELD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MAJOR ROBINSON H872  
3. (b) If veteran, name war no  
3. (c) Social Security No. H87-01-0479

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOVEMBER day 24,  
year 1947 hour 9: minute 00 P. M.

4. Sex MALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ELIZABETH ROBINSON  
6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased: Aug. 18 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOVEMBER 19, 1947 to NOVEMBER 24, 1947;  
that I last saw h. IM alive on NOVEMBER 24, 1947;  
and that death occurred on the date and hour stated above.  
Immediate cause of death. HYPERTENSIVE TYPE OF HEART DISEASE  
Duration

8. AGE: Years 69 Months 32 Days 26 6  
If less than one day hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace BIRMINGHAM ALABAMA  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 93.2  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MAJOR ROBINSON (SR.)

13. Birthplace BIRMINGHAM ALABAMA  
(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 ELIZABETH ROBINSON (WIFE)

(b) Address 1105 GARFIELD

17. (a) Burial (b) Date thereof 11-28-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. R. ...  
(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 11-26-47 (b) Alfredine Holme  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) MD.  
Address GENERAL HOSPITAL NO. 2 Date signed 11/25/47

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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..... *J. Jerome Manlow* .....

Licensed Embalmer No. *3984* .....

P. O. Address..... *2503 Highland* .....

**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.**