S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41893
Registrar's No. 5322

Registration District No. 149
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: 722 Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 722 Brighton 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Guthrie Robbins
3. (b) If veteran, name war no
3. (c) Social Security No. 486-05-7257

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Rose Robbins
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 27 (Day) 1881 (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Weston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired - Paint Shop - Foreman
11. Industry or business K.C. Public Service Co.
FATHER
12. Name Job. Robbins
13. Birthplace West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catharine Kinsinger
15. Birthplace West Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Laura Rose Robbins (wife)
(b) Address 722 Brighton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Weston Missouri
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn
19. (a) 12-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th.
year 1947 hour 4:50 minute P M.
21. I hereby certify that I attended the deceased from Jan 1 1947 to Dec 16 1947
that I last saw him alive on Dec 13 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to arteriosclerosis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy no	

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
23. Signature Chas. Nelson (M. D. or other)
Address 3626½ Independence Date signed 12-17-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. Nelson
Indep. & Cleveland
Ch 2143

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn 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.