No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1290

FILED JAN 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 88

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 1105 Garfield 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 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 Garfield 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Robinson

3. (b) If veteran, name war — no —

3. (c) Social Security No. No

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid 2

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

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

7. Birth date of deceased Feb. (Month) 15 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	10	18	hr. min.

9. Birthplace Bonham (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed. Jackson
13. Birthplace Bonham (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Beulah McVay
15. Birthplace (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Clara Harvey
(b) Address Ivanhoe Texas 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 1-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1948 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10/15, 1947, to Jan 3, 1948;
that I last saw her alive on Jan 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pericarditis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 90	
Major findings: Of operations	
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 Wm. Blanch (M. D. or other)
Address 436 Minn Ave. Date signed 1-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 25 1948

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 A. T. Moore

Licensed Embalmer No.....

P. O. Address.....

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.