S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5048

Registration District No. 153 Primary Registration District No. 5572 Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2305 Cypress 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fredrick E. Robb
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 21st. 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	0	16	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George W. Robb
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Mollie Van Skike
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Archie C. Robb
(b) Address 2305 Cypress Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th, St.
19. (a) 2-8-48 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th, year 1948 hour 5 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 3 1948 to Feb 7 1948 that I last saw him alive on Feb 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 D	
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 5

23. Signature J. W. Greene (M. D. or others)
Address Independence Date signed 2/7/48

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

Dr Vicene
315 No - Springer

FEB 28 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 John R. Earp

Licensed Embalmer No. 2955

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.