V. S. No. 2
0M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5049

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 930

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 6044 E. 12th. St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6044 E. 12th St. Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lee Allen Robichaud
3. (b) If veteran, name war No
3. (c) Social Security No. 487-09-5679
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Elders Robichaud
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November (Month) 19 (Day) 1891 (Year)

8. AGE: Years 56 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mechinst
11. Industry or business Ship Building
FATHER
12. Name Lee Robichaud 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Wintrey
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Jessie Robichaud
(b) Address 6044 E 12th St Terrace
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Cannon Cemetery, Carrollton
18. (a) Signature of funeral director Marshall Funeral Home
(b) Address Carrollton, Mo.
19. (a) 2-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1948 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from 2-26-48, 19..., to 2-28, 1948; that I last saw him alive on 2-28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion, acute	
Due to Hypertensive heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy None	

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 L. E. Riller, MD (M. D. or other)
Address K-C-Mo. Date signed 2/28/48
2:30 AM

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

FEB - 7 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 Myself

..... Registered Apprentice No.....

working under my personal supervision.

Signed R M Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.