S. No. 300
M—10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26574

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3315

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: Menorah Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 8/13/48 (Specify whether

In this community 45 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 1

(d) Street No. 5731 Kenwood (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country xx

**3. (a) PRINT FULL NAME** Mr. Abe Robinson

3. (b) If veteran, name war xx

3. (c) Social Security No. xx

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jennie

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

7. Birth date of deceased approximately ~~81~~ 1867 (Month) (Day) (Year)

8. AGE: Years 81 | Months | Days | If less than one day — hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 6

10. Usual occupation Retired Produce Merchant

11. Industry or business xx

FATHER
12. Name Ruben Robinson
13. Birthplace (City, town, or county) Russia (State or foreign country) 6

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia (State or foreign country) 1

16. (a) Informant Mrs. Jennie Robinson

(b) Address 5731 Kenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 8-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 13 year 1948 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from 7-30-48, 19__, to 8-13, 1948 that I last saw him alive on 8-13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia multiple myeloma arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 J. S. Hoffman MD (M. D. or other)

Address 408 Argyle Bldg Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

## 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.

1948

S-26573 Signed A L Lewis

Licensed Embalmer No. 3110

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.**