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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36839

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 4361

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: General Hosp. #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10/18- 10/19'48 (Specify whether

In this community 20 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")

(d) Street No. 1211 Woodland (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gilbert Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. 496-09-4865

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November (Month) 8 (Day) - 1891 (Year)

8. AGE: Years ~~50~~ 56 | Months 11 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Rayville (City, town, or county) La. (State or foreign country)

10. Usual occupation Engine Watchman

11. Industry or business Missouri Pacific R. R.

FATHER
12. Name John Robinson
13. Birthplace Rayville (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Caroline
15. Birthplace Rayville (City, town, or county) La. (State or foreign country)

16. (a) Informant J8e Morris

(b) Address 1216 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Rayville, La.

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 10-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1948 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from Deputy, 19__, to Coroner, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Failure	
Due to Apoplexy (Cerebral Hemorrhage)	
Due to Hypertensive Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9:30
Of autopsy No Permit

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? J. R. Williams (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Williams (M. D. or other)

Address 2636 Brooklyn Date signed 10-28-48

(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.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, M

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.