

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5116

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)
 c. LENGTH OF STAY (In this place) 32 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 2513 Wabash

2-98
3-510

3. NAME OF DECEASED
 a. (First) Pinkie b. (Middle) _____ c. (Last) Robinson
 4. DATE OF DEATH (Month) 11 (Day) 30 (Year) '50

5. SEX Female 3 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Aug 29, 1914 9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
 10b. KIND OF BUSINESS OR INDUSTRY Own home
 11. BIRTHPLACE (State or foreign country) Missouri
 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Marshall Townsley 13b. MOTHER'S MAIDEN NAME Carrie Robinson 14. NAME OF HUSBAND OR WIFE Clyde Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Clyde Robinson, 2513 Wabash, K. C., Mo. ADDRESS _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shock & cerebral hemorrhage
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) Jumping from 7th floor window
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 8.978

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gen Hospital 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) K.C. Jackson - Mo

21d. TIME OF INJURY (Month) (Day) (Year) 11/30/1950 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? jumped from window

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones (Type or Print) (Name or title) 23b. ADDRESS 1612 E 12th 23c. DATE SIGNED 12/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 12-4-50 24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

DATE REC'D BY LOCAL REG. 12-4-50 REGISTRAR'S SIGNATURE Meraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE BRODY - BROWN ADDRESS 1708 TRACY.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Lawrence A. Jones
.....

Licensed Embalmer No. *4429*

P. O. Address *2300 E. 18th St*

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.