

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20587

Registrar's No. 2729

FILED JUN 30 1943  
Registration District No. 1002

Primary Registration District No. 1002

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:  
MEMORAH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
(Specify whether)  
In this community 21 days  
years, months or days

3. (a) PRINT FULL NAME THOMAS HILLARD ROBINSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora ROBINSON 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MARCH 31, 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 14 If less than one day  
hr. min.

9. Birthplace BELTON (City, town, or county) Mo (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name FRANK G. ROBINSON

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name FANNY HILLARD

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant MRS DORA ROBINSON

(b) Address GRANDVIEW Mo

17. (a) BURIAL (b) Date thereof JUNE 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON Mo. CEMETERY

18. (a) Signature of funeral director E. R. Brown & Son

(b) Address Memphis Mo.

19. (a) 6-16-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town GRANDVIEW - "RURAL"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1943 hour 2:18 minute A. M.

21. I hereby certify that I attended the deceased from 5/25/43  
to 6/15/43, 1943  
that I last saw him alive on 6/14/43  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute broncho pneumonia Duration 3 weeks

Due to arterio sclerosis

Due to myocarditis many years

Other conditions (Include pregnancy within 3 months of death) arterio sclerosis myocarditis

Major findings: Of operations 93d

Of autopsy 93d

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 A. Sophian (M. D. or other)

Address 1405 Bryant Blvd. Date signed June 16 1943

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

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**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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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, above space should be left blank.**