

Registration District No. 287

Primary Registration District No. 4171

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Hornersville Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Hornersville Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 on Gravel road north  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward J. Robinson  
152

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 14 - 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation aged Mill Worker

11. Industry or business \_\_\_\_\_

12. Name Jack Robinson

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

14. Maiden name unknown

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Taylor

(b) Address Hornersville, Mo.

17. (a) Ritual (b) Date thereof 4-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville

18. (a) Signature of funeral director E. W. Mason

(b) Address Hornersville, Mo.

19. (a) 5/1/40 (b) E. S. Cape (RS.)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 25  
2-25 Pm 1940, to April 25 1940  
that I last saw him alive on April 25 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Left side of skull fractured  
Due to impair by car automobile (accident)  
Due to \_\_\_\_\_

Other conditions Left Chest was crushed  
(Include pregnancy within \_\_\_\_\_ months of death)

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) Accident  
(b) Date of occurrence 2-25 April 25-1940  
(c) Where did injury occur? Hornersville Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On gravel road  
while at work? Walking on gravel road  
(Specify type of place) (a) Manner of injury  
23. Signature Van H. Bonds (M. D. or other) \_\_\_\_\_  
Address Hornersville Mo Date signed 4-25-40

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

5  
060

RECEIVED

District Health Officer No. 2,

District File Number 540-96

Date Filed 5/2/40

---

---

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**