

15302
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 13 1940

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington

(c) Name of hospital or institution: 1317 2 1/2 St 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Home
(Specify whether _____)

In this community 69-5-17
years, months or days 159

3. (a) PRINT FULL NAME George Washington Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. 427-16-4184

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife Mrs. Sarah G. Robinson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November - 6 - 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>17</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Misner

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Robinson

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

14. Maiden name Marj unknown

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

16. (a) Informant's own signature Sarah G. Robinson

(b) Address 1317 2 1/2 St

17. (a) Burial (b) Date thereof Jul 27 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Green

18. (a) Signature of funeral director Forest Green

(b) Address 201 So. 24th St.

19. (a) April 24/40 (b) Selia Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 1317 2 1/2 St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1940 hour 7 minute XXX A. M.

21. I hereby certify that I attended the deceased from February 18, 1940, to April 23rd, 1940; that I last saw him alive on April 22----- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Miliary Tuberculosis Intestinal

Duration
<u>Six</u>
<u>6 months</u>

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) XXXXXX

(b) Date of occurrence XXXXXXXX

(c) Where did injury occur? XXXXXXXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXXX
(Specify type of place) While at work? XX Means of injury XXX

23. Signature J. D. Bates (M. D. or other) _____
Address Lexington Mo Date signed 4/24/40

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

REV. 1-1935 I 19351

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/10/40

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.....

George H. Gunn....., Registered Apprentice No. 235
working under my personal supervision.

Signed William H. Hensley
204-South-24th-Street N., W.
Licensed Embalmer No. 2105
204-South-24th-Street N., W.
P. O. Address Lexington, N.C.

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.