

FILED JAN 23 1947 96

Primary Registration District No. 3038

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Two years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall, Mo. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. West Boyd St. 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN FRANKLIN ROBINSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 487128811

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3  
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 3  
1941, to Jan. 3, 1941.

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

6. (b) Name of husband or wife Beulah Wesley Robinson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: Jan 30 1902  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>11</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Angina Pectoris 20 M. N  
was called at this other patient had just died when allowed

Due to Acute Bronchitis 1 WK.

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

10. Usual occupation Laborer

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN 948

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Robinson

13. Birthplace Marshall, Mo. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Filora Hagan

15. Birthplace Marshall, Mo. 0  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Beulah Robinson

(b) Address 119 N. English, Marshall, Mo.

17. (a) Beulah Robinson (b) Date thereof Jan 6, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary Center

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Mo Date signed 1/7/41

18. (a) Signature of funeral director [Signature]

(b) Address Marshall Mo

19. (a) 1-4-41 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. Leslie Sumner*

Licensed Embalmer No. *3236*

P. O. Address..... *Marble*

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.