

No. 2  
11-10-39  
5-17-39  
I X214927

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11104

State File No. \_\_\_\_\_

APR 3 1941 431  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2023

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
200 W. Gay St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Franklin West Robinson

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Louise McCoy Robinson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 28 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Druggist

11. Industry or business

12. Name Charles W. Robinson

13. Birthplace Munday N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Lizette German

15. Birthplace Glen Falls N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise McCoy Robinson

(b) Address 200 W. Gay Warrensburg Mo.

17. (a) Burial (b) Date thereof March 11 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. F. Wilcox

(b) Address Warrensburg Mo.

19. (a) March 11-41 (b) T. Bertie Bentley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 200 W. Gay St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 9  
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
March 7, 1941, to March 9, 1941;  
that I last saw him alive on March 9, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

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

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) \_\_\_\_\_

(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?  
991 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. F. Wilcox (M. D. or other) D  
Address Warrensburg, Mo. Date signed 3/11/41

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

441

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-6-74

**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.

(MYSELF)

Registered Apprentice No. \_\_\_\_\_

Signed: \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Warrensburg, 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.