

Registration District No. 23

Primary Registration District No. 602410

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Leadwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Kandelholz Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois  
(c) City or town Leadwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/ day 29  
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
Nov 11 1941, to 3-29- 1941;  
that I last saw him alive on 3-29- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate  
Duration 2 yr

Due to \_\_\_\_\_  
Due to 51 P.  
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.

3. (a) PRINT FULL NAME William Wallas Robinson

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 Married  
6. (b) Name of husband or wife Mellie Robinson 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased July 16 1875  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name Willow Thomas Robinson  
13. Birthplace Mo D  
(City, town, or county) (State or foreign country)  
14. Maiden name Margette Ellen Forster  
15. Birthplace Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Edmond Robinson

(b) Address Boone Terre, Mo

17. (a) Burial (b) Date thereof 3 31 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia

18. (a) Signature of funeral director J. B. Boyer

(b) Address Leadwood, Mo.

19. (a) 4/9-41 (b) W. E. Aubuchon  
(Date received local registrar) (Registrar's signature)

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?  
701 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John W. Hunt (M. D. or other) \_\_\_\_\_  
Address Leadwood Mo Date signed 3/21/41

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 B. L. Boyer  
Licensed Embalmer No. 3045  
P. O. Address Leadwood, 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, fact should be so stated above.**