

No. 2
1-4-41
17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18409
Registrar's No. 3

Registration District No. 552
Primary Registration District No. 5745

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Monroe City IANTRA O.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sam Hays Farm, Warren Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 18 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 159
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 321 Cleveland St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Emmett Robey Jr
(b) If veteran, name war None
(c) Social Security No. 486-28-7585

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced (Single)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 9th 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 9 I : hr. min.

9. Birthplace Perry Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician

11. Industry or business _____
12. Name Charles Emmett Robey
13. Birthplace Monroe City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Glady's Nesbit
15. Birthplace Memphis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ottolene Nesbit
(b) Address 725 Stanton, Monroe City
17. (a) Burial (b) Date thereof June 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary, Monroe City

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo: 841
19. (a) June 11, 1941 (b) Mrs. A. H. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1941 hour About 8 minute 10 P.M.
21. I hereby certify that I attended the deceased from _____ 1941
to _____ 1941
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Electrocuted, accidentally
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 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 6/10/41
(c) Where did injury occur? Warren Township
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
While at work? Yes (Specify type of place)
(e) Means of injury Electrocuted
23. Signature Crawford Smith (M: D: or other) Coroner
Address Hannibal Mo Date signed 6-10-41

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

JUN 21 1941

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, Leslie L. Wilson
....., Registered Apprentice No.
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.

SMITHS' FUNERAL HOME

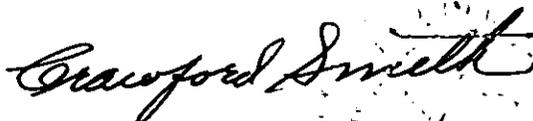
902 Broadway

Hannibal, Mo.

June 10, 1941

We the jury do find that the deceased came to his death, accidentally while working on a 2300 volt power line, on the Sam Hays farm, in Warren Township, in Marion County Missouri. That he (Chas. Robey) came into accidental contact with a wire which was grounded, while he was cutting or preparing to cut the 2300 volt line, which contact formed a short circuit through his body, resulting in his death.

I do certify that this is a true copy of the Jury's verdict, of the cause of the death of Charles Robey



Crawford Smith
Coroner of Marion County Missouri

Charles Emmett Robey, Jr

S-18409 1941

