

No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19509
State File No. ~~1223~~

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 134

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University of Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jean S. Robinson
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 17th
year 1941 hour 10:50 minute AM
21. I hereby certify that I attended the deceased from May 14
1941 to MAY 17 1941;

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased: Dec. 5 1936
(Month) (Day) (Year)

that I last saw her alive on May 17 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Tuberculosis meningitis
Due to Military Tuberculosis
Due to _____
Other conditions The same as above
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
4 5 12 chr. min.

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

11. Industry or business _____
12. Name Don Robinson
13. Birthplace Lebanon Mo
(City, town, or county) (State or foreign country)
14. Maiden name Claris Clark
15. Birthplace Weatherford Okla
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital - Record
(b) Address Columbias Mo
17. (a) Burial (b) Date thereof 5-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director P. A. ...
(b) Address Columbia Mo
19. (a) 5/19/41 (b) Alvin Selby
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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?
74 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Russell D. Moore M. D. or other _____
Address Moyses Hospital Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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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.....

H. Green

Licensed Embalmer No.....

3189

P. O. Address.....

Columbia, 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.