

DEC 15 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 308

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

1. PLACE OF DEATH
 (a) County Callaway
 (b) City or town Fulton City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital # 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Yes Robinson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. OK

4. Sex male 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 1874
 (Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____
 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name J. M. Robinson
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Sabery
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
 (b) Address Fulton, Mo

17. (a) Removal (b) Date thereof Nov. 8, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elsbey, Mo

18. (a) Signature of funeral director Clifton Miller
 (b) Address Elsbey, Missouri

19. (a) Nov. 8, 1941 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Linn
 (c) City or town Felsberry
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
 year 1941 hour 2 minute 25 P. M.
 21. I hereby certify that I attended the deceased from Oct. 13
 _____, 1941, to Nov 7, 1941;
 that I last saw him alive on Nov 7, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Generalized arteriosclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 938
 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) _____
 (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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature: Katherine Shady Brown (M. D. or other) M. P.
 Address State Hospital, Fulton Date signed 11-8-41

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 me
Nov. 8-1941, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elabery, 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.