

38573

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 117Primary Registration District No. 3021Registrar's No. 111

## 1. PLACE OF DEATH:

- (a) County Jasper  
 (b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8 Jane Chinn Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community 8 2 days  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper 3/5  
 (c) City or town Webb City 6  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1214 W. 7th Street 2  
(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 November day 27  
 year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
Nov 25, 1941 to Nov 27, 1941  
 that I last saw him alive on Nov 27, 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Due to Premature Birth

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death) 159

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury 2/1  
 Signature O. F. Gregory (M. D. or other) MD  
 Address Webb City, Mo. Date signed 11/27/41

Duration

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

3. (a) PRINT FULL NAME Alva Robison  
 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 Infant  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 25 1941  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
No No 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Webb City, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Infant  
 11. Industry or business \_\_\_\_\_  
 12. Name Kenneth Robison  
 13. Birthplace Webb City, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Josephine Russell  
 15. Birthplace Joplin, Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Kenneth Robison  
 (b) Address Webb City, Missouri  
 17. (a) Burial (b) Date thereof 11/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Hope Cemetery  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Webb City, Missouri  
 19. (a) NOV 28; 41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

511

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

o. 2  
4-41  
7-39  
X26930

**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.....

*E. W. Hedge*

Licensed Embalmer No.....

*2859*

P. O. Address.....

*New York*

**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.**