No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42449

State File No.

Registration District No. 532 Primary Registration District No. 5711 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural LaPlata Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Macon 061
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Jesse Cooley Robinson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Robinson
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct 16 (Month) 1874 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	25	hr. min.

9. Birthplace Adair Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Robinson
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary Davis
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Rae S. Coleman
(b) Address LaPlata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation LaPlata
18. (a) Signature of funeral director D. S. Christie
(b) Address LaPlata
19. (a) Dec 13-41 (Date received local registrar) (b) Ola B Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Jan 9, 1941, to Dec 11, 1941;
that I last saw him alive on Dec 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse
Due to Tuberculosis of the intestines
Due to
Other conditions (Include pregnancy within 3 months of death) 15
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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Ralph W Gillet (M. D. or other) DO
Address La Plata Mo Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-13
Date Filed JAN 9 1942

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 D S Christes

Licensed Embalmer No. 1109

P. O. Address La Plata 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.