

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3765**

FILED FEB 18 1942

Registration District No. **794**

Primary Registration District No. **6040**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Missouri**
(b) City or town **Rural Missouri**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **E** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Gerald Glenn Robinson**
3. (b) If veteran, name war **✓**
3. (c) Social Security No.

20. DATE OF DEATH, Month **Jan** day **23**
year **1942** hour **2** minute **30** P.M.

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 it

21. I hereby certify that I attended the deceased from **Jan 23** 19**42**
that I last saw h **alive** on **Jan 23** 19**42**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Nov 5 1934**
(Month) (Day) (Year)

Immediate cause of death **Drowning**
Ice broke while on pond

8. AGE: Years **7** Months **2** Days **18**
If less than one day hr. min.

Due to **Ice breaking**
Due to **Ice breaking**

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name **Laron Robinson**
13. Birthplace **Saline Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Lillian Schubert**
15. Birthplace **Saline Co Mo**
(City, town, or county) (State or foreign country)

Major findings: Of operations **183 B**
Of autopsy **no 26**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Laron Robinson**
(b) Address **Marble Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 24 42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Mo**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Jan 23 1942**
(c) Where did injury occur? **000** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home on farm
While at work? **Yes** (Specify type of place) (e) Means of injury **Saline Co**
23. Signature **L. L. Lawler** (M. D. or other)
Address **Marble Mo** Date signed **1-23-42**

18. (a) Signature of funeral director **Campbell**
(b) Address **Marble Mo**
19. (a) **Jan 24 42** (If received local registrar) (b) **Mrs. Glenn Hest** (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-16-42

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 Joe H. Rinn.....

Licensed Embalmer No. 1171.....

P. O. Address Marshall 7100.....

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.