S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29643

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 242

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sam Smith O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 10 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Mason 61
(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: DAVID T. 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: M
6. (b) Name of husband or wife: Viola
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: May (Month) 3 (Day) 1869 (Year)
8. AGE: Years 73 Months 4 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace: Macon (City, town, or county) Co. Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: —
MOTHER FATHER
12. Name: Hiram Robinson
13. Birthplace: — (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Elizabeth Taylor
15. Birthplace: Adair (City, town, or county) Co. Mo. (State or foreign country)
16. (a) Informant: Viola Robinson
(b) Address: Atlanta Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell
18. (a) Signature of funeral director: Summers & Powell
(b) Address: Kirksville Mo.
19. (a) Sept. 14 1942 (Date received by local registrar) (b) Mrs. J. P. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th year 1942 hour 1 minute 46 P.M.
21. I hereby certify that I attended the deceased from September 3rd, 1942 to September 12, 1942 that I last saw him alive on Sept 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration 10 days
Due to: Cardio vascular renal disease — 2 years
Due to: Prostatic obstruction — 3 yrs
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

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: George E. Gram (M. D. or other) MD
Address: Kirksville Missouri Date signed 9-12-42

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1881
Date Filed OCT 12 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 W. E. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.