

FILED MAR 16 1943

State File No. _____

Registration District No. 4

Primary Registration District No. 4012 5023

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Clay Twn
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Eli Robbins

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 13 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 13 hr. min.

9. Birthplace Rock Port MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER.

11. Industry or business _____

MOTHER FATHER { 12. Name ABRAHAM ROBBINS
13. Birthplace UNKNOWN MO
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH THACKER
15. Birthplace UNKNOWN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jera Van Rensselaer
(b) Address Glennwood Iowa
17. (a) BURIAL (b) Date thereof 2-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLSAP
18. (a) Signature of funeral director Clifton Durr Co.
(b) Address Rock Port MO
19. (a) Feb. 16 1943 (b) Mrs Herbert Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1943 hour Unknown minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fall into ditch of about forty foot depth
Due to Head and face Injuries ~~#####~~ from fall and exposure

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence February 7th-1943
(c) Where did injury occur? 5 Mi S E of Rockport
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm path

While at work? No (Specify type of place) (e) Means of injury _____
23. Signature Jera Van Rensselaer Coroner 3
(M. D. or other) Westboro, Missouri
Address _____ Date signed Feb 14th 1943

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

Gary Parichaloma

Licensed Embalmer No.

3173

P. O. Address

Rock Port, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

This body was not embalmed.