6198

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99 Primary Registration District No. 4171 Registrar's No. 89

1. PLACE OF DEATH:
(a) County: De Kalb
(b) City or town: Clarksdale (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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) In this community: Life

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

3. (a) PRINT FULL NAME: Daniel O. Robinson
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Minerva Robinson
6. (c) Age of husband or wife if alive: 93 years
7. Birth date of deceased: estimate (Month) 1868 (Day) (Year)

8. AGE: Years: About 75 Months: Days: If less than one day: hr. min.
9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business: _____
FATHER 12. Name: unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Minerva Robinson
(b) Address: Clarksdale, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowen
18. (a) Signature of funeral director: John G. Brown
(b) Address: Clarksdale Mo
19. (a) 2/16/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 43 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from Sept, 1942, to Feb., 1943, that I last saw him alive on Feb. 13th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular Fibrillation	Duration: about 1 yr
Due to: GSA	
Due to:	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	6 Months

Major findings:
Of operations: _____
Of autopsy: _____

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: D. L. Perkins (M. D. or other)
Address: Clarksdale, Mo Date signed: 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

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

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10-39
-39
K21492

MAR 25 1949

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address.....

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, above space should be left blank.