

FILED MAR 8 1943
Registration District No. 316

Primary Registration District No. 6069

Registrar's No. 23

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Burns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 mi. south Burns (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 18 1/2 years years, months or days

8. (a) PRINT FULL NAME DAVID ROBISON

8. (b) If veteran, name war No

8. (c) Social Security No. 1

4. Sex M Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Robison 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Apr 11 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name ALEX ROBISON

13. Birthplace Unknown (City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town or county) (State or foreign country)

16. (a) Informant's own signature Ed W. Whitman

(b) Address Burns Mo

17. (a) Burial (b) Date thereof 2-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Burns Mo

18. (a) Signature of funeral director White

(b) Address Burns Mo

19. (a) Feb 24 1943 (Date received local registrar) (b) Byadie Burnester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town 4 mi south Burns (If outside city or town limits, write "RURAL")

(d) Street No. R (If rural, give location)

(e) If foreign born, how long in U. S. A.: No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20 year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 2-15 1943 to 2-15 1943; that I last saw him alive on 2-15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death an advanced Peritonitis

Due to _____

Due to _____

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

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? _____ (b) Means of injury _____

23. Signature W. O. Kache (M. D. or other) _____

Address Burns Mo Date signed 2-22-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 343-1856
Date Filed 3-5-43

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 C. J. Hill

Licensed Embalmer No. 1852

P. O. Address Permanence

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, above space should be left blank.