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5-17-39
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28733

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1943

Registration District No. 204

Primary Registration District No. 5739

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural, Richland Township
(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 2 (Specify whether _____)

In this community 50. Yes (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon ⁶¹

(c) City or town Rural ¹
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 1 (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME John Fenton Robinson

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1943 hour 1 P.M. minute 30 P.M.

4. Sex M 5. Color or race W

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 June 27 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 7, 1943 to Aug 9, 1943
that I last saw him alive on Aug 9, 1943 and that death occurred on the date and hours stated above.

8. AGE: Years Months Days If less than one day

76 6 12 hr. min.

Immediate cause of death Cancer Rectum

Duration _____

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

10. Usual occupation Farmer

Due to _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Robinson

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

{ 14. Maiden name Margaret M Fenton

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W. H. Robinson

(b) Address La Plata Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Aug 11-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Callata

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director A. S. Christie

(b) Address Callata Mo

23. Signature H. D. Newton (M. D. or other) ^{10/14/43}

Address La Plata Mo Date signed _____

19. (a) 8-11-43 (Date received local registrar) (b) John Louch (Registrar's signature)

1339

(Licensed Embalmer's Statement on Reverse Side)

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: *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address: *La Plata Md.*

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.