

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 13 Hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town 8 Miles West of Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.# 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orvis Neill Robison

3. (b) If veteran, name war No 3. (c) Social Security No. No

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 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Callaway Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Darby Robison
13. Birthplace Williamsburg Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Millie Neill
15. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Clatterbuck
(b) Address Fulton, Mo. R.F.D.# 4
17. (a) Burial (b) Date thereof 1/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Cloud Cemetery

18. (a) Signature of funeral director Geo. G. Wallace
(b) Address 7 W 6th St. Fulton, Mo.
19. (a) 1-10-1944 (b) Joace Morsinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1944 hour 9 minute 57 P.M.
21. I hereby certify that I attended the deceased from 1/7, 1944, to 1/7, 1944
that I last saw him alive on 1/7, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death acute color pneumonia Duration ± 1 week

Due to _____
Due to _____

Other conditions (Includes pregnancy within 3 months of death) None

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?
While at work? (Specify type of place) (e) Means of injury _____

23. Signature Wm. D. ... (M. D. or other) M.D.
Address Fulton Mo. Date signed 1/8/44

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 *Leo G. Wallace*.....

Licensed Embalmer No. *3373*.....

P. O. Address *Fulton 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.