

No. 2
8-3
17-39
X3742

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14495

State File No. _____

FILED MAY 27 1944
Registration District No. _____

Primary Registration District No. 2016

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

(c) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 E High St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 4
If yes, name country D

3. (a) PRINT FULL NAME JERRY William Robinette

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

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1943
(Month) (Day) (Year)

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

11	25		
hr.			min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Amos Robinette

13. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Sons

15. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Robinette

(b) Address Jefferson City Mo

17. (a) Buried (b) Date thereof 4-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried, 7 Mo

18. (a) Signature of funeral director Thos J. Gordon

(b) Address Jefferson City Mo.

19. (a) 4-20-44 (b) Thomas Kester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19
year 1944 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 18 1944 to Apr 19 1944 that last saw him alive on Apr 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to _____

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

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? _____

Major findings: Of operations 22a

Of autopsy _____

23. Signature J. H. Taylor M.D. (Specify type of place) _____ (e) Means of injury 0

Address Jefferson City Mo. Date signed 4-19-44

Duration _____

PHYSICIAN _____

Underline (the cause to which death should be charged statistically).

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

MOTHER FATHER

897

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-44

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

Ferd P Dulle

Licensed Embalmer No.

3890

P. O. Address

Jefferson City

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.