No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21033

State File No. 21033

Registration District No. 30 | Primary Registration District No. 5102 | Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: "Rural" Fristoe Twp.
(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 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton

(c) City or town: Warsaw "Rural" Fristoe Twp.
(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.? 0 years.

3. (a) PRINT FULL NAME: James T. Robinson

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 12 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	16	hr. min.

9. Birthplace: Benton County 0 (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Benj. F. Robinson
13. Birthplace: (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Mildred Elizabeth Grace
15. Birthplace: (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: F. M. Robinson
(b) Address: Warsaw, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30, 194 (Month) (Day) (Year)
(c) Place: burial or cremation: New Home Cemetery

18. (a) Signature of funeral director: White-Reser
(b) Address: Warsaw, Mo.

19. (a) June 30-1944 (Date received local registrar) (b) Jas. T. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 2 -, 1942 to June 28, 1944 that I last saw him alive on June 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 wks
Due to: Cerebral Hemorrhage	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: § 3a	
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: James T. Logan (M. D.)
Address: Warsaw Mo. Date signed 6/29/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-44-830
Date Filed 7-12-44

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Warsaw, Mo.

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, fact should be so stated above.