

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1944

Primary Registration District No. 3044

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:
108 West 9th
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. 108 West 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME George Washington Robbin

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1944 hour 3 minute 15 A.M.

4. Sex Male 5. Color or race white

6. (a) Name of husband or wife Mary Ann Robbin

6. (b) Single, widowed, married, divorced, widower

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

7. Birth date of deceased June 21 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-1 1944, to 10-19 1944
that I last saw him alive on 10-12 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 2 Days 28
If less than one day: - hr. - min.

Immediate cause of death Uremia Duration 5 hrs

Due to Chronic Nephritis yrs 40

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

10. Usual occupation Farming

Due to _____

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) frs

11. Industry or business _____

MOTHER FATHER { 12. Name John Wesley Robbin

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

14. Maiden name Delipha Green

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

Major findings: Of operations 131

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Georgia Neville

(b) Address Eldon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-44
(Month) (Day) (Year)

(c) Place: burial or cremation Wood Cem.

18. (a) Signature of funeral director Keith McKay

(b) Address Eldon Mo.

19. (a) 10-20-44 (Date received local registrar) (b) W. J. Pearson (Registrar's signature)

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 C

23. Signature G. B. Shelton (M. D. or other) _____
Address Eldon Mo Date signed 10-19-44

RECEIVED

Miller County Health Dep't.

County File Number 44-81

Date Filed 11-6-49

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 Leith M. Fay.....

Licensed Embalmer No. 3998.....

P. O. Address Eldon 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.