S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13810

Registration District No. 476 Primary Registration District No. 2657 Registrar's No. 10

1. PLACE OF DEATH

(a) County: Lawrence
(b) City or town: Red Oak Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lawrence
(c) City or town: Miller Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Nathan Robinson

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Elnora Robinson

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

7. Birth date of deceased: April (Month) 2 (Day) 1864 (Year)

8. AGE: Years 90 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace: Lawrence Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

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

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Vernon Robinson
(b) Address: Miller Mo Rt 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 15-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Grey's Point Cem.

18. (a) Signature of funeral director: H. D. Fossett
(b) Address: McDerpon Mo

19. (a) April 2-1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-13 day ..... year 1945 hour 4-20 minute 0 M.

21. I hereby certify that I attended the deceased from 3-2 3-13, 1945, to ....., 1945 that I last saw him alive on 3-10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: O. S. Burma (M. D. or other)
Address: Miller Mo Date signed 3-14-45

1188

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 446-416
Date Filed APR 16 1945

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.